

**EXTERIOR ALTERATION APPLICATION**  
**for**  
**Crofton Meadows Townhouse 6**

**Date received:** \_\_\_\_\_

Please mail or FAX by the **FIRST Tuesday** of the month your completed application and all attachments to:

The Architectural Control Committee of  
Crofton Meadows Townhouse 6  
ProCom  
1111 Benfield Blvd. Suite 110  
Millersville MD 21108

FAX to ProCom on (410) 721-4854

**ATTENTION HOMEOWNERS: If you have any questions or comments, please contact ProCom on (410) 721-0777.**

**(PLEASE PRINT OR TYPE)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Lot. No. \_\_\_\_\_  
Phone No. (day) \_\_\_\_\_ (evening) \_\_\_\_\_

**Please check all categories that apply to the description of changes.**

Deck (DK) \_\_\_\_\_ Fence (FE) \_\_\_\_\_ Door (DR) \_\_\_\_\_  
Planting (PL) \_\_\_\_\_ Shed (SD) \_\_\_\_\_ Painting (PT) \_\_\_\_\_  
Other \_\_\_\_\_

Description of Changes: Give full details of purpose and/or reason: Location on property: and type and color of materials to be used. If the modification is for:

- (a) Change in paint color, attach a sample and/or model number of the paint or stain color.
  
- (b) Structural change, ground planting, fencing, rearrangement, etc., attach a drawn-to-scale sketch or architectural plan, etc.

Approved \_\_\_\_\_  
Denied \_\_\_\_\_  
Approved with stipulation \_\_\_\_\_



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Notes:

1. Nothing herein contained shall be construed to represent that alterations to land or buildings in accordance with these plans, shall not violate any of the restrictive covenants nor any of the Building and Zoning Codes of Arundel County to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification to any said restriction. I understand that I am solely responsible for obtaining any and all necessary permits or licenses required by Arundel County and/or the state of Maryland. I further agree to hold harmless the Association and its Architectural Committee from any claims or actions arising by reason of violation of the Arundel County Codes and/or State law.
2. The Arundel County building ordinance is enforced by the Department of Environmental Resources (Construction Standards) which requires that you file
3. plans with the Building Inspector (310)-952-4456 at the County Administration Building before you commence construction.
4. I understand and agree that no work on this request shall commence until written approval of the Architectural Committee has been received by me.
5. The Declaration of Covenants requires Architectural Committee decision to be made within thirty (45) days or submission is considered approved. If I, or any neighbor, am unhappy with the ACC's decision, it must be appealed with 10 days by giving written notice of appeal to the ACC, the Association President or Management Company. The Board of Directors will then determine the appeal.
6. A copy of this application shall be returned to you, after review by the Architectural Committee.
7. It is understood that I have knowledge of the Covenants in regard to our easements.

Owners

Signature(s) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

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Draw a simple sketch or include clippings or pictures in the space below. Please try to limit your attachments to sheets of paper no larger than 8 ½ x 11. If they must be larger, submit sketch or a copy of your plot plan given to you by your settlement attorney.

Date: \_\_\_\_\_  
(Revised Mar. 1, 2004)