

## CANNON RIDGE ARCHITECTURAL CHANGE REQUEST (ACR)

Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ and Projected Completion Date: \_\_\_\_\_

**DESCRIPTION OF PROPOSED EXTERIOR CHANGE OR ALTERATION:** Please outline in detail all proposed improvements, alterations or changes to your lot or home. Include color(s), size(s), specifications, materials, location and any other pertinent information needed by the Architectural Review Committee in order to make a decision. **Note: You must submit a copy of the plat/house location survey of your property with your request. Indicate on the plat/house location survey exactly where the improvement will be located and if the improvement will be sited within any easements on the Lot.**

Please attach a sketch or picture of the proposed alteration as it will appear when completed.

Please ensure that all required supporting documentation (site plan, colors, material descriptions, etc.) are supplied with this Architectural Change Request. Applications submitted without the required support documentation will be marked "INCOMPLETE" and returned to the homeowner for re-submission.

I understand approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances. If approved by the Board of Directors I agree to make the changes under the terms and conditions specified in the letter of approval. All improvements must be on my property or property lines. If any portion of the Associations property is disturbed or damaged by either my contractor, or myself I agree to be responsible for and to restore the common elements to their original condition(s).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Mail completed form to:</b>  <b>Cannon Ridge</b> c/o Property Management People 92 Thomas Johnson Dr, Suite 170 Frederick, MD 21702	<b>For confirmation of form receipt, contact PMP via:</b>  <b>Phone: (301) 694-6900</b> or <b>Email: stacey.crouch-law@pmpbiz.com</b>
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<b>PMP/Committee use only:</b>   <b>Committee Review Completed</b> _____ Approved without exception _____ Approved with Caveats: _____ _____ Disapproved Reason: _____ _____ Incomplete, additional information required: _____	<b>Control Number:</b> _____ <b>Date Received (PMP):</b> _____ <b>Date Reviewed (ACC):</b> _____
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