

**ARCHITECTURAL CHANGE REQUEST APPLICATION
THREE OAKS ASSOCIATION, INC.**

Owner: _____ Co-Owner: _____

Property Address: _____

Owners Home Address (if different) _____

City, State, Zip (if other than Silver Spring, MD) _____

Home Phone _____ Work Phone _____

Email Addresses: _____

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 Committee in order to make a decision. Please submit a sketch of the proposed alteration, as it will appear when completed. You will be notified in writing of the decision of the committee within thirty (30) days of receipt. By approving this request, the Committee is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury or claim that may arise from the change in the property. Project must be started within six (6) months and completed within twelve (12) months of such approval. You must submit a copy of the plat of your property with your request. Indicate on the plat exactly where the improvement will be located. Requesting approval for the following project (description): _____

List Masonry Materials to be used: _____

List Wood Types to be used: _____

List Foundation of structure (i.e.; concrete footers, concrete slab, sand mix base etc.): _____

Exterior finish, materials, paint/stain (mark "SAME" if no color change.): _____

Area to be painted: _____

(Include sketch if description is ambiguous)

ATTACH DRAWINGS, PLANS, SKETCH SHOWING DESIGN, LOCATION ON LOT, MATERIALS, DIMENSIONS AND ELEVATIONS. ANY CHANGE IN PROPERTY SET BACKS MUST BE CLEARLY DEFINED. PAINT SAMPLE MUST BE ATTACHED IF THE COLOR IS GOING TO CHANGE.

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Estimated Beginning Date: _____ Projected Completion Date: _____

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or serving all local zoning ordinances. If approved by the Board of Directors I agree to make the changes under the terms and conditions as 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 then I agree to be responsible for and to restore the common elements to their original condition(s).

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

COMMITTEE USE ONLY: _____ Date Received: _____

Your request for the above change, addition or improvement has been:

_____ Approved without exception

_____ Approved according to the following conditions

_____ Disapproved, see below

Subject to the following terms & conditions: **Any changes to the original plan must be resubmitted to the Board for approval!**

Approval Date: _____ By: _____

COVENANT COMMITTEE

PLEASE RETURN TO:

Three Oaks Association, Inc.
c/o Quiza Management, LLC
6915 Laurel Bowie Road, Suite 101
Bowie, MD 20715