

# KINGSVIEW RIDGE COMMUNITY ASSOCIATION

## APPLICATION FOR ARCHITECTURAL CHANGE

Applicant Name(s): \_\_\_\_\_ Phone: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_ Lot# \_\_\_\_\_

### I. DIRECTIONS: (Please print or type)

Please use area below to briefly describe all proposed improvements, alterations or changes to your lot or home. Attach required details by sketches, drawings, clippings, pictures, catalog illustrations and other data. Show location of item on your property on a copy of the survey. Include details of color(s), measurements, materials, and any other pertinent information.

**NOTICE:** IN ORDER TO PROCESS YOUR APPLICATION YOU NEED TO PROVIDE THE ORIGINAL PLUS (ONE) 1 COPY OF YOUR PAPERWORK (INCLUDING ATTACHMENTS).

**A SEPARATE FORM MUST BE USED FOR EACH PROPOSED CHANGE.**

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### II. SIGNATURES:

Acknowledgement of at least four (4) property owners who are most affected because they are adjacent and/or have a view of your change is needed. Their signatures indicate an awareness of your intent and does not constitute or indicate approval or disapproval.

Name _____	Lot# _____
Address _____ Telephone: _____	
Name _____	Lot# _____
Address _____ Telephone: _____	
Name _____	Lot# _____
Address _____ Telephone: _____	
Name _____	Lot# _____
Address _____ Telephone: _____	

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★★★ NO OTHER FORM WILL BE ACCEPTED ★★★

**III. OWNER'S ACKNOWLEDGEMENTS:** I/We understand

- A. ...that there are architectural requirements covered by the Covenants and guidelines and that there is a review process as established by the Covenants and the Board of Directors.
- B. ...that no work on this request shall commence until written approval of the Architectural Review Committee has been received by me.
- C. ...that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed and that, if alterations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved; and that I may be required to pay all legal expenses incurred **AND** that any approval is contingent upon construction or alterations being completed in a proper manner.
- D. ...that members of the Architectural Review Committee, Board of Directors or their agents are permitted to make a routine inspection.
- E. ...that a copy of this application will be returned to me after review by the Architectural Review Committee.
- F. ...that the alteration authority granted by this application will be **revoked automatically** if the alterations requested have not commenced within 180 days of the approved date of this application and/or completed within 180 days after work has commenced.
- G. ...that any approval by the Covenant Committee on behalf of the Association is strictly limited to an evaluation as to harmony of external design, color and location in relation to surrounding structures and topography and conformity with the design concept for the community and shall not be construed to represent that alterations to land or buildings pursuant to these plans will not violate any of the provisions or building and zoning codes of the county to which the above property is subject.
- H. **...that I am solely responsible for insuring that all proposed improvements meet local building codes and that obtaining the necessary building permit(s) is my sole obligation and responsibility.**
- I. **...that any approval by the Covenant Committee on behalf of the Association does not address any issue or matter governed by any governmental agency or utility company that may have review/approval authority or may control an easement directly affecting your property.**
- J. ...that any variation from the original application must be resubmitted for additional approval.

OWNER/APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-OWNER/APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACHMENTS: (1) Sketch, photo, catalog illustration, etc.  
(2) Site plan or house location survey marked with change being requested.

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<b>FOR COMMITTEE USE ONLY:</b>	DATE RECEIVED: _____
APPROVED (Signature): _____	DATE: _____
DISAPPROVED (Signature): _____	DATE: _____
COMMENTS (Restrictions, additional requirements, reasons for disapproval): _____ _____ _____	

Please Mail the **ORIGINAL plus ONE (1) copy** of your application and attachments to:

**Kingsview Ridge Community Association** c/o Vanguard Management Associates, Inc. • P. O. Box 39 • Germantown, Maryland 20875-0039

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★★★ **NO OTHER FORM WILL BE ACCEPTED** ★★★