

ARCHITECTURAL REVIEW COMMITTEE – WALDEN COMMUNITY ASSOCIATION

ARCHITECTURAL CHANGE REQUEST APPLICATION

1. Applicant's Name: _____ Home Ph: _____
Address: _____ Work Ph: _____
Lot#: _____ Block: _____

2. Description of Alteration/Change: _____

3. **NOTE:** Information listed below is necessary for consideration of the following changes and must accompany application:

- A) Addition/physical alteration (deck, room addition, fence, play equipment, patio, etc.)
- (1) Location survey/site plan to show location on property with respect to house, boundary lines, neighboring homes and street;
 - (2) Blueprint or sketch to indicate dimensions and design;
 - (3) Type of materials to be used, size and type of finish/paint/stain.
- B) Paint/Stain: (only fill out this section if changing existing color of home, doors, trim, etc.)
- (1) Paint chip (manufacturer's sample). Sample must accompany application.
 - (2) Current color of home and/or accent: _____
Doors: _____ Garage Door: _____
Siding: _____ Shutters: _____
Other Accent: _____ Gutters/Downspout: _____
 - (3) Color change/Alteration:
Doors: _____ Garage Door: _____
Siding: _____ Shutters: _____
Other Accent: _____ Gutters/Downspout: _____

Owner's Signature _____ Date: _____

PLEASE PRINT IN INK
PRESS FIRMLY YOU ARE MAKING CARBON COPIES

NAME _____
ADDRESS _____
PHONE _____
COMMUNITY _____

WCA HOA Manager
PO Box 3403
Crofton, MD 21114
or
wcahoamanager@gmail.com

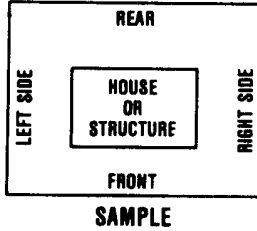
Return all copies to WCA HOA Manager
wcahoamanager@gmail.com

RCVD (_____)
FORWARD TO _____
RCVD (COMMITTEE) _____

ARCHITECTURAL CHANGE APPLICATION

TYPE OF PROPOSED CHANGE, INSTALLATION, OR MODIFICATION

DESCRIBE BELOW WITH ILLUSTRATIONS TO INCLUDE PROPERTY LINE,
DIMENSIONS, NATURE, KIND, SHAPE, COLOR, MATERIALS, LOCATION,
DRAWINGS, AND BROCHURES AS APPLICABLE.



MARK NORTH

A large grid area for drawing and describing the proposed change.

THIS APPLICATION IS NOT VALID AND WILL NOT AUTHORIZE ANY CONSTRUCTION OR BUILDING CHANGES UNTIL THE APPLICATION IS RECEIVED FOR CONSIDERATION BY THE ARCHITECTURAL CONTROL COMMITTEE OF YOUR CONDOMINIUM OR ASSOCIATION AND THE PROPOSED CHANGES AND/OR CONSTRUCTION IS APPROVED BY THE ASSOCIATION.

IN APPLYING FOR THE ABOVE ARCHITECTURAL CHANGE, I AGREE TO FOLLOW TO THE BEST OF MY ABILITY THE CHANGES AS DESCRIBED AND MEET ANY AND ALL CODES, PERMITS OR OTHER REQUIREMENTS DEEMED NECESSARY BY COUNTY, STATE OR OTHER APPLICABLE AUTHORITY.

OWNER'S SIGNATURE _____

DATE _____

PLEASE BE ADVISED OF THE FOLLOWING ACTION WHICH HAS BEEN TAKEN ON THIS APPLICATION FOR ARCHITECTURAL CHANGE.

☐ APPROVED

☐ APPROVED AS MODIFIED BELOW.

☐ NOT APPROVED FOR REASONS GIVEN BELOW.

CHAIRPERSON, ARCHITECTURAL CONTROL COMMITTEE

DATE _____