

**QUAIL VALLEY HOMEOWNERS ASSOCIATION, INC.
ARCHITECTURAL CHANGE APPLICATION**

NAME PROPERTY ADDRESS _____

OWNER'S HOME ADDRESS (IF DIFFERENT) _____

CITY, STATE, ZIP (IF OTHER THAN GAITHERSBURG) _____

HOME PHONE WORK PHONE _____

DESCRIPTION OF PROPOSED EXTERIOR CHANGE OR ALTERATION: Please outline, in detail, all proposed improvements, alterations, or changes to your lot or home. Include survey of property (found in settlement papers), color(s), size(s), diagram with measurements, specifications, materials, location, and any other pertinent information needed by the Board or this Committee in order to make a decision. Use the back of this application to sketch the proposed alteration as it will appear when completed, and draw on the survey where the change will take place. The Architectural Committee will decide within thirty (30) days of receipt of a completed application and inform the owner, in writing, of its decision.

DESCRIBE CHANGES:

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 observing all local zoning ordinances. If approved by the Board or Architectural Committee, I agree to make the changes under the terms and conditions as specified in the letter of approval. It is understood the described changes requested shall be completed within six (6) months of the approved date. All improvements must be on my property or property lines. If any portion of the Association's property is disturbed or damaged by either myself or my contractor, then I agree to be responsible for and to restore the common elements to their original condition(s). Upon completion of proposed exterior change or alteration homeowners must contact management and provide a photograph for records.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

COMMITTEE USE ONLY: Date Received: _____

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

- _____ Disapproved, see below
- _____ Approved without exception
- _____ Approved according to the following conditions

APPROVED BY: _____

APPROVED BY: _____

Subject to the following terms and conditions:

Final Inspection Date: By: _____ PLEASE RETURN TO: _____

QUAIL VALLEY HOMEOWNERS ASSOCIATION, INC. **OR** FAX TO 301-924-7340

C/O On-Site Office
18701 Quail Valley Drive
Gaithersburg, MD 20874

NOTE:

The following fines may be assessed if:

- Homeowner failures to submit an Architectural Change Form and has already completed construction - Fine: \$100.00
- Homeowner submits Architectural Change Form, but starts construction before Committee approval - Fine: \$25.00