

MONTGOMERY VIEW HOMEOWNERS ASSOCIATION ARCHITECTURAL CHANGE APPLICATION

- TYPE or PRINT - Please READ INSTRUCTIONS and COMPLETE ALL SPACES. USE A SEPARATE APPLICATION FOR EACH REQUEST.
- County laws require you to obtain a Building Permit on most structural changes to your home and some on your lot. This may include fences, decks, patios, sheds, etc. You are responsible for contacting the County to determine if a permit is required. Approval or denial of a request is based on the Homeowners Association criteria. Property owner has sole responsibility for compliance with County codes and regulations.
- Owner must contact "Miss Utility" at 800-257-7777 prior to digging.
- ATTACH a detailed, scale drawing plat map, with proposed alterations indicated IN RED. Include all lot and alteration dimensions, color changes, materials and design information.
- Any variation from the original Application must be resubmitted for approval.
- ATTACH structural drawings, including elevation measurements, the color and material list and photo if available, of proposed alteration.
- INCOMPLETE APPLICATIONS, OR APPLICATIONS SUBMITTED WITHOUT PLANS, ETC., WILL BE RETURNED.
- Use the reverse side of Application if more space is needed.
- SUBMISSION OF APPLICATION DOES NOT GIVE AUTHORIZATION TO BEGIN WORK. WRITTEN APPROVAL MUST BE OBTAINED PRIOR TO COMMENCING ALTERATIONS. NEIGHBOR SIGNATURES ARE REQUIRED FOR ALL CHANGES.

Name: _____
 Address: _____
 Signature: _____

Date Submitted: _____
 Work Telephone: (____) _____
 Home Telephone: (____) _____
 E-Mail Address: _____

Lot #: _____ Block: _____

Date Work to Begin: _____
 Date Work to be Completed: _____

- A. Proposed Alteration: _____
 B. Types of materials: _____
 C. Dimensions: _____
 D. Colors: _____ House _____ Trim _____ Door _____ Other _____ Stain
 E. Additional Details: _____

Signature and comments from adjoining property owners. Their signatures indicate an awareness of your intent and do not constitute or indicate approval or disapproval. Signers are encouraged to write to the Association if they have additional comments.

| Address | Signature | Comment, if any |
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_ _ _ FOR HOA USE ONLY _ _ _

Date Received: _____ Date Action Taken: _____ Reviewed/ Approved by: _____

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| APPROVED: ___ With these EXCEPTIONS: _____ _____ _____ | NOT APPROVED: ___ For these REASONS: _____ _____ _____ | INCOMPLETE/PENDING APPLICATION: ___ ___ Incomplete ___ Returned to Owner ___ Provide the following: _____ _____ |
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