

**GREEN HILL MANOR COMMUNITY ASSOCIATION, INC
ARCHITECTURAL CHANGE REQUEST (ACR)**

Name: _____ Property Address: _____

Owner's Mailing Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

DESCRIPTION OF PROPOSED EXTERIOR CHANGE OR ALTERATION. Include as much detail as possible including photograph or drawing, materials to be used, style, color and other helpful information. Provide a site plan or survey showing where improvements are located. If the work is to be performed by someone other than the Homeowner, please provide the contractor's name and telephone number if known. Attached a separate sheet if more spaces are needed. Please allow approximately 3 weeks for a response.

Estimated Beginning Date: _____ Projected Completion Date: _____

I understand 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 of Directors I agree to make the changes under the terms and conditions 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 I agree to be responsible for and to restore the common elements to their original condition(s).

Signature of Applicant: _____ Date: _____

Mail completed form to:
Green Hill Manor
c/o Property Management People
92 Thomas Johnson Drive, Suite 170
Frederick, MD 21702

For confirmation of form receipt, contact PMP via:

Phone: (301) 694-6900, ext 1035
or
Email: james.appel@pmpbiz.com

PMP/Committee use only:

Control Number: _____
Date Received (PMP): _____
Date Reviewed (ACC): _____

Committee Review Completed

Date Completed: _____

_____ **Approved without exception**
_____ **Approved with Caveats:** _____
_____ **Disapproved. Reason:** _____
_____ **Incomplete, additional information required :** _____
