

**FOX CHAPEL NORTH HOMES ASSOCIATION, INC.
REQUEST FOR ARCHITECTURAL CHANGE**

NAME: _____ DATE: _____

ADDRESS: _____

PHONE #: HOME _____ CELL _____

EMAIL _____

Have you reviewed the Declaration of Covenants and Rules & Regulations as they pertain to your proposed improvements?

_____ YES _____ NO

You understand that if required, it is the homeowner's responsibility to get permits and approvals as needed from Montgomery County.

_____ YES _____ NO

The homeowner assumes responsibility for any encroachment onto adjacent properties (including HOA maintained common areas), surveying, building permits, engineering, grading/drainage, or any other areas requiring professional or technical advice or approval.

TYPE OF MODIFICATION: _____

(DESCRIPTION) _____

IMPORTANT – Please attach supplemental information about your proposed project, as applicable, to include:

- | | | | |
|---------------------|-------------------|--------------|--------|
| * COLOR (SAMPLE) | * CONTRACTOR NAME | * DIMENSIONS | |
| * MATERIAL (SAMPLE) | * DESIGN | * DRAWINGS | * PLAT |
| * PHOTOGRAPHS | * BUILDING PERMIT | * LOCATION | |

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

The Fox Chapel North Homes Association, Inc. Architectural Control Committee may request additional information that will better enable us to make a decision on your request. When a completed form with all required information is received, the review process will begin. The Architectural Control Committee will render a decision within 30 days.

Please submit your requests to:
Erica Cowley, CMCA
Allied Realty Corp.
7605 Arlington Road Suite 100
Bethesda, MD 20814

or via email to ecowley@alliedrealtycorp.com.

You will receive written notification of the Architectural Control Committee's Decision.

SIGNATURE(S): _____

DATE: _____

FOR OFFICE USE ONLY:

ACTION:

APPROVED _____ **DISAPPROVED** _____

By: _____

Date: _____

REASON FOR DISAPPROVAL (if required)
