

CROFTON VALLEY HOMEOWNERS ASSOCIATION

c/o Chambers Management, Inc.  
12051-B Tech Road  
Silver Spring, MD 20904

ARCHITECTURAL CHANGE REQUEST FORM

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address/Lot#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Type of Alteration/Change (Please check one):

- Second Story Deck \_\_\_\_\_ Complete Section (a) below.  
Ground Level Deck \_\_\_\_\_ Complete Section (a) below.  
Patio \_\_\_\_\_ Complete Section (c) below.  
Fence \_\_\_\_\_ Complete Section (b) below.  
Other \_\_\_\_\_ Complete Section (c) below.

(a) Complete this section if you are adding a deck:

Dimensions: Across back of house \_\_\_\_\_ length out from house \_\_\_\_\_

Railing Height (from surface of deck) \_\_\_\_\_

Railing type (check one):

- 2" x 2" Picket \_\_\_\_\_  
Board on Board \_\_\_\_\_  
Lattice \_\_\_\_\_  
Other \_\_\_\_\_ Describe \_\_\_\_\_

Type of materials (check one):

- Pressure treated pine \_\_\_\_\_ (stained/painted/other)  
Other \_\_\_\_\_ Describe \_\_\_\_\_

Please use the space on the back to describe any additional attachments, such as trellis, lighting, benches, flower boxes to the deck/home.

(b) Complete this section if you are adding a fence:

Total dimensions to be fenced in \_\_\_\_\_

Fence type (check one):

- Board on Board \_\_\_\_\_  
Other \_\_\_\_\_ Describe \_\_\_\_\_

Type of gate (if any) \_\_\_\_\_

Type of materials (check one):

- Pressure treated pine \_\_\_\_\_ (stained/painted/other)  
Other \_\_\_\_\_ Describe \_\_\_\_\_

(c) Complete this section for any other construction or modification:

Type of construction/modification \_\_\_\_\_

Dimensions \_\_\_\_\_

Type of materials (check one):

- Pressure treated pine \_\_\_\_\_ (stained/painted/other)  
Other \_\_\_\_\_ Describe \_\_\_\_\_

**PLEASE BE SURE THAT YOU HAVE INCLUDED:**

- 1) A copy of your lot plot - you should have received this when

you settled on your home - showing the dimensions of your property and exactly where the additional structure will be.

2) Detailed sketches or design plans.

**USE THIS SPACE FOR ANY ADDITIONAL DESCRIPTIONS:**

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THIS PORTION FOR COMMITTEE USE

Date received: \_\_\_\_\_ By: \_\_\_\_\_

Architectural Control Committee Action Taken:

Your request for approval of \_\_\_\_\_  
has been **APPROVED** **DISAPPROVED** (circle one)

Comments:

\_\_\_\_\_ This construction must begin within six months and be completed within two months of the date of commencement.

\_\_\_\_\_ Any damage to nearby common or private areas must be corrected within fifteen days.

\_\_\_\_\_ Any variations from the approved plans must be resubmitted.

\_\_\_\_\_ The homeowner is responsible for obtaining any applicable Anne Arundel County building permits.

\_\_\_\_\_ All changes must be made entirely within the homeowners property lines.

\_\_\_\_\_ The homeowner is responsible for proper upkeep of the addition/change.

\_\_\_\_\_ Please contact "Miss Utility" at 800-257-7777 prior to any digging.

\_\_\_\_\_ Special conditions: \_\_\_\_\_