APPLICATION COPPERFIELD HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL CHANGE REQUEST

Name	Property Address	
Owners Home Addres	ss (if different)	
City, State, Zip (if diffe	erent)	
Home Phone	Work Phone	Cell
Homeowner Email		
improvements, altera materials, location, pl informed decision. l	ations or changes to your home or prope lat and any other pertinent information ne	FION - Please outline in detail all proposed erty. Include color(s), size(s), specifications, seded by the Committee in order to make an separate document to sketch the proposed
If a confirmation	quest to Laura@jeffersompm.com or mail email is not received, please follow up wit processed in a timely ma	h a phone call to ensure your request is nner.
The co	mmittee has thirty (30) days to review you You will then be notified in writing o	
County Building Perm	·	Completion Date:ojects and can be obtained at 30 N. Market st forty-eight (48) hours before you dig, call:
Permits, Variances, a agree to make the improvements must b	and/or observing all local zoning ordinance changes under the terms and condition oe on my property. If any portion of the As my contractor, I agree to be responsible for	for obtaining any and all necessary Building res. If approved by the Board of Directors I are specified in the letter of approval. All sociations property is disturbed or damaged ar and to restore the common element(s) to
Signature of Applican	t:	Date:
COMMITTEE USE ON	LY: Date Received:	Reply Date:
Your request for the a	above change, addition or improvement ha	as been:
	the conditions on the attached letter see attached letter	
PLEASE RETURN TO:	COPPERFIELD HOMEOWNERS ASSOCIATE P.O. Box 67 Jefferson, MD 217	•

Office: 301.969.0405 Fax 301.360.5507 Or Email to: steve@Jeffersonpm.com