

**BRIERCREST CONDOMINIUM ASSOCIATION, INC.  
APPLICATION**

**ARCHITECTURAL CHANGE REQUEST**

Name \_\_\_\_\_ Property Address \_\_\_\_\_

Owners Home Address (if different) \_\_\_\_\_

City, State, Zip (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

DESCRIPTION OF PROPOSED EXTERIOR CHANGE OR ALTERATION. Please outline in detail all proposed improvements, alterations or changes to your condo. Include color(s), size(s), specifications, materials, location and any other pertinent information needed by the Committee in order to make a decision. Use the back of this form to sketch the proposed alteration as it will appear when completed. You will be notified in writing of the decision of the committee within sixty (60) days of receipt.

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 myself or my contractor, I agree to be responsible for and to restore the common elements to their original conditions(s).

Signature of Application: \_\_\_\_\_ Date: \_\_\_\_\_

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COMMITTEE USE ONLY: Date Received: \_\_\_\_\_

Your request for the above change, addition or improvement has been:

\_\_\_\_\_ Approved to the conditions on the attached letter

\_\_\_\_\_ Disapproved, see attached letter

PLEASE RETURN TO: BRIERCREST CONDOMINIUM ASSOCIATION, INC.  
c/o Jefferson Property Management  
P.O Box 67  
Jefferson, MD 21755  
Phone 301.695-0405  
Fax 301.969.6196