

APPLICATION  
COPPERFIELD HOMEOWNERS ASSOCIATION, INC.  
**ARCHITECTURAL CHANGE REQUEST**

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

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Homeowner Email \_\_\_\_\_

**DESCRIPTION OF PROPOSED EXTERIOR CHANGE OR ALTERATION** - Please outline in detail all proposed improvements, alterations or changes to your home or property. Include color(s), size(s), specifications, materials, location, plat and any other pertinent information needed by the Committee in order to make an informed decision. Use the back of this form or attached a separate document to sketch the proposed alteration as it will appear when completed.

Email your request to [steve@jeffersompm.com](mailto:steve@jeffersompm.com) or mail to Jefferson Property Management.  
If a confirmation email is not received, please follow up with a phone call to ensure your request is processed in a timely manner.  
The committee has thirty (30) days to review your request once they receive it.  
You will then be notified in writing of their decision.

Estimated Beginning Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_  
County Building Permits are required for most construction projects and can be obtained at 30 N. Market St, Frederick, MD (301.600.2313). Miss Utility will require at least forty-eight (48) hours before you dig, call: 1.800.257.7777

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. 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 element(s) to their original condition(s).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

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: COPPERFIELD HOMEOWNERS ASSOCIATION, INC.  
P.O. Box 67  
Jefferson, MD 21755  
Fax 301.969.6196 Or Email to: [steve@Jeffersonpm.com](mailto:steve@Jeffersonpm.com)