

CLARENDON FARMS

EXTERIOR ALTERATION FORM

OWNER LAST NAME, First Name

Owner

Mailing Address

Address of Lot on which changes are proposed

Home

Phone Work Phone

Work to be done by third party:

Business Name

Contact

() - () - _____

Work Phone Pager

When completed return application, plat map and any other related requirements to

FOR ARC USE
Routing: 1 Association Site File
2 Copy of completed application with ARC determination to owner

APPLICATION APPROVAL

Date of Receipt / /

Approved:

- As Submitted
 With provisions on page 2

Committee Chair

Approval Date

IMPROVEMENT INSTALLED

- As Submitted
 Not as submitted. Improvement is in violation as follows:
Document Article Section

Committee Rep

Inspection Date

I DESCRIPTION OF ALTERATION

Describe in detail, the changes you propose in accordance with the Standards and the Declarations. Use additional pages if necessary and illustrate on a copy of your plat map the location of your improvement, if applicable. NOTE: CERTAIN TYPES OF ALTERATIONS REQUIRE A COUNTY BUILDING PERMIT. THE ASSOCIATION TAKES NO RESPONSIBILITY FOR OBTAINING THAT PERMIT. Call the County if you have questions.

The change/changes I propose to make is/are:

II ACKNOWLEDGEMENT OF ADJACENT OWNERS

Show and explain your completed application to the adjacent residents who would be most affected by the proposed alteration - two signatures are required.

III ADJACENT OWNERS

Your signature below shows that you are aware of this application. It does not mean that you approve the project. If you disapprove, or wish to discuss the proposal call the Architectural Review Committee . Please sign legibly.

Name		Name	
Address		Address	
Home Phone	Work Phone	Home Phone	Work Phone
Signed: _____		Signed: _____	

IV OWNER'S AGREEMENT

I have completed this application in good faith and it accurately represents the alteration I propose to make. I understand that approval of this application does not authorize me to violate any provisions of the Architectural Standards, Declaration or of the building and County zoning codes.

I understand and agree that any construction or alteration undertaken prior receipt of the Architectural Review Committee's approval is at my own risk, and that I may be required to return the property to its former condition at my own expense should the application be disapproved wholly or in part and I may be subject to fines.

I understand that representatives of the Architectural Review Committee are permitted to enter upon my property at any reasonable time for the purpose of inspecting the area for the proposed project, the project in progress, or the completed project and that such entry does not constitute trespass.

I understand that work must be completed in a workmanlike manner as soon as possible after the Committee's approval and that the improvement must be built only on my property.

Owner	Date
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V ARCHITECTURAL REVIEW COMMITTEE (ARC) REVIEW

The ACC will process this application without undue delay, although they have up to 30 days for review. The procurement of additional required information may extend the processing time and in no way may be construed to be a waiver of authority by the Committee. The architectural review process is described in the governing documents and the rules. If you wish to discuss this application with the Committee, contact the Committee Chair . If you disagree with the decision of the Committee, a written appeal may be made within 10 days of receipt of their decision.

----- **FOR ARCHITECTURAL REVIEW COMMITTEE USE** -----
Committee Comments (Please describe in detail if an application is denied):

ARCHITECTURAL MODIFICATION REQUEST FORM

This document will become part of the Homeowners contract and must be complied with by any succeeding owners.

I, _____, do hereby request permission to make the following modification to my home at _____ in Clarendon Farms Homeowners Association.

Home Phone _____ Work Phone _____

DESCRIPTION OF REQUEST: _____

Attach the following as applicable:

- Plot Plan with proposed modifications to approximate scale with dimensions.
- Complete description (photos/ drawings) as to construction design, materials (types & sizes), and color/finish.
- Floor Plan, Elevation, Section Drawing (i.e. footings).

I do, by my signature, understand and agree to the following:

1. That applicable county permits will be obtained.
2. That I assume total responsibility for the upkeep and maintenance of all modifications) made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
3. That the modifications) will not in any way hinder yard care.
4. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s).
5. That the Homeowners Association reserves the right to require removal or repair of the modification at my own expense if: 1) the modification is not constructed or installed as per specifications submitted for approval with this form; or 2) the modification is not maintained in a safe condition; or 3) the modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
6. I certify that I have read and agree to follow the rules and regulations pertaining to architectural control and review (if applicable).

Date _____ Homeowner Signature(s) _____

Date Received by Association _____ Signature _____

<input type="checkbox"/> APPROVED by Board of Directors OR	
<input type="checkbox"/> APPROVED with the following Contingencies by Board of Directors: _____ _____ _____	
Board Signature _____	Date Signed _____
<input type="checkbox"/> DISAPPROVED for the following Reason(s) by Board of Directors _____ _____ _____	
Board Signature _____	Date Signed _____