APPLICATION Park Place on the Tuscarora ARCHITECTURAL CHANGE REQUEST

Name	Property Address	
Owners Home Address (if d	ifferent)	
City, State, Zip (if different)		
Home Phone	Work Phone	Fax
detail all proposed improve specifications, materials, loca order to make a decision.	ments, alterations or change ation and any other pertiner Use the back of this form	IGE OR ALTERATION. Please outline in es to your condo. Include color(s), size(s), at information needed by the Committee in to sketch the proposed alteration as it will ng of the decision of the committee within
Estimated Beginning Date: _	Projected Con	npletion Date:
Building Permits, Variances Board of Directors I agree letter of approval. All impr	s, and/or observing all loca to make the changes under ovements must be on my pr disturbed or damaged by ei	nsibility for obtaining any and all necessary al zoning ordinances. If approved by the reference the terms and conditions specified in the roperty or property lines. If any portion of other myself or my contractor, I agree to be heir original conditions(s).
		Date:
COMMITTEE USE ONLY		
Your request for the above of		
	ne conditions on the attached see attached lette r	l letter
PLEASE RETURN TO:	Park Place on the Tuscard c/o Jefferson Property M P.O. Box 67 Jefferson, MD 21755 Phone 301.969-0405 Fax 301.473.4966	