MAGOTHY ESTATES ASSOCIATION, INC. ARCHITECTURAL REQUEST FORM

OWNER/APPLICANT NAME			
ADDRESS	CITY	STATE	ZIP
PHONE (day&night)	E-MAIL		
Please itemize below the external m property. Required information for ecopy of your property PLAT; 2) dime completion date. Any additional documents, sketches, brochures, and 1.	nodifications (up to 2) the each modification shou ensions; 3) materials; 4 cumentation such as An d photographs will expe	nat you propose to r ld include: 1) location of designs; 5) colors of the process.	nake to your on indicated on a and; 6) proposed permits,
2.			
Please note the following: 1. This application is not authorize Control Committee. 2. The 30-day review period begin Architectural Control Committee 3. Failure to include any of the req required information is received	s upon the date of receipte. b. uired information will sus	t by the Board of Direct	ctors and/or w period until all
Owner/Applicant Signature		Date	e
Co-Owner/Applicant Signature		Date)
FOR COMMITTEE USE ONLY		Date Receive	ed
() Application APPROVED as sub	omitted.		
() Application APPROVED with th	e following provision(s):	
() Application <i>DENIED</i> for the follo	owing reason(s):		
ACC Representative 1 Signature		Date)
ACC Representative 2 Signature		Date	e

OWNER'S ACKNOWLEDGMENTS

I understand

1.	that nothing herein contained shall be construed to represent those alterations to land or buildings in accordance with these plans shall not violate any of the provisions or building and zoning codes of the county to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restriction.	
2.	that no work on this request shall commence until written approval of the Board of Directors and/or Architectural Control Committee has been received by me.	Initial(s)
3.	that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed; that, if alternations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part; and, that I may be required to pay	
	all legal expenses incurred.	Initial(s)
4.	that any approval is contingent upon construction or alterations being completed	
	in a workmanlike manner.	Initial(s)
5.	that members of the Board of Directors and/or Architectural Control Committee are permitted to make a routine inspection.	Initial(s)
6.	that a copy of this application will be returned to me after review by the Board of Directors and/or Architectural Control Committee.	Initial(s)
7.	that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.	Initial(s)
8.	that the alteration authority granted by this application may be revoked automatically if the alterations requested have not commenced within 180 days of the approved date of this application and/or completed by the date specified by the panel.	Initial(s)
		iritiai(s)
9.	that all proposed improvements must meet Anne Arundel County codes. My signature indicates that these standards are met to the best of my knowledge. I understand that application for a county building permit is my responsibility.	Initial(s)
10.	that any variation from the original application must be resubmitted for approval.	
		Initial(s)
11.	before digging, owner/applicant is responsible for calling MISS Utility	Initial(s)

Additional copies of this form can be obtained from the association's website at www.magothyestates.org select Forms/Newsletter tab, then select ACC Application from menu to open & print.

Please mail completed form to:

Magothy Estates Association, Inc. P.O. Box 632 Arnold, MD 21012