LONGLEY GREEN ASSOCIATION, INC. ARCHITECTURAL CHANGE REQUEST

Name	Property Address		
Owners Home Address (if diffe	erent)		
City, State, Zip (if different)			
Home Phone	Work Phone	Cell	
Homeowner Email			
improvements, alterations or materials, location, plat and ar informed decision. Use the b	changes to your home or prope by other pertinent information ne back of this form or attached a en completed. The following chan	TION - Please outline in detail all property. Include color(s), size(s), specificat eeded by the Committee in order to mak separate document to sketch the prop nges must be shown on your property pla	ions, ke an osed
Estimated Beginning Date:	Projected	Completion Date:	
Permits, Variances, and/or ob make the changes under the alterations or changes must b	serving all local zoning ordinance terms and conditions specified i e on my property. If any portion my contractor, I agree to be r	y for obtaining any and all necessary Bui es. If approved by the Committee I agre in the letter of approval. All improveme of the Associations property is disturbe responsible for and to restore the com	ee to ents, ed or
Signature of Applicant:		Date:	
	ange, addition or improvement hat to be attached letter	Reply Date:as been:	-
PLEASE RETURN TO:	LONGLEY GREEN ASSOCIATION P.O. Box 67 Jefferson, MD 21755 Fax 301.969.6196 Or Email to: steve@jeffersonpm.co		