BUCKINGHAM CONDOMINIUM, INC.

ARCHITECTURAL CHANGE REQUEST

APPLICATION

Name _____ Property Address _____

Owners Home Address (if different) _____

City, State, Zip (if different) _____

Home Phone _____ Work Phone _____ Fax _____

DESCRIPTION OF PROPOSED EXTERIOR CHANGE OR ALTERATION. Please outline in detail all proposed improvements, alterations or changes to your condo. Include color(s), size(s), specifications, materials, location and any other pertinent information needed by the Committee in order to make a decision. Use the back of this form to sketch the proposed alteration as it will appear when completed. You will be notified in writing of the decision of the committee within sixty (60) days of receipt.

Estimated Beginning Date: _____ Projected Completion Date: _____

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 or property lines. 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 elements to their original conditions(s).

Signature of Application: _____ Date: _____

COMMITTEE USE ONLY: Date Received: _____

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: BUCKINGHAM CONDOMINIUM, INC.
c/o Jefferson Property Management
P.O Box 67
Jefferson, MD 21755
Phone 301.969.0405
Fax 301.969.6196