

WINTERSET HOMEOWNERS ASSOCIATION

Application for Architectural Change

Mail to: Quiza Management, LLC
6915 Laurel Bowie Road, Suite 101
Bowie, MD 20715
301-805-1051 (fax)

Date Received: _____

Name: _____

Address: _____

Phone No.: _____ **(Home)** _____ **(Work)**

Lot: _____ **Email** _____

Block: _____

I hereby request architectural change approval and grant permission to the Board of Directors or appointed assignee to enter onto the property to perform inspections related to this request as deemed necessary. I understand that it is my responsibility to obtain the necessary building permits, engineering inspections, and/or land surveys, and that I must conform to any applicable building codes. I agree not to begin the project without the approval of the Architectural Review Committee or the Board of Directors.

(Signature of homeowner)

Date

(Signature of resident)

Date

DESCRIPTION OF PROPOSED CHANGE: Please use the area below to describe all proposed improvements, alterations or changes to your property. Please include details using sketches, drawings, clippings, pictures, catalog illustrations and other data. Show location of item on your property on a copy of your property survey (if applicable).

CONSTRUCTION DATES: (estimated)

Start Date: _____ **Final Completion Date:** _____

Signatures:

Signatures from at least four (4) Property Owners that may be affected by this change is required, where applicable. Select owners that are adjacent to and/or have a view of the affected property. Their signatures indicate an awareness of your intent, and do not represent approval or disapproval by the Board of Directors.

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

FOR ARCHITECTURAL REVIEW COMMITTEE USE ONLY

Approved: _____

Denied: _____

Authorized Association Representative _____ Date: _____

Authorized Association Representative _____ Date: _____

REMARKS OR SPECIAL CONDITIONS

* Approval is good for 60 days.