Old Farm Homeowners Association Architectural Change Request

Date of Application:	Proposed da	ed date to begin project:			
Owner(s) Name:					
Property Address:					
Mailing Address (if different)					
Home Phone:	Work Phone:	Cell Phone:			
Email address:					
Type of Improvement:					
width, length, size, shape, your PLAT with the locatio the existing drainage pattern	improvement(s) such as color, photographs, sken of your improvement in the existing and propose for all work not started nonths.	etches or brochures. A copy of tis mandatory. If alterations affect sed drainage pattern MUST be d within six (6) months and			

1. Owner understands that no work on this request shall commence until written approval has been given. Owner further understands and agrees that any exterior alterations undertaken before written approval is obtained are not permitted. The Owner may be required to restore the property to its former condition at Owner's

expense if such alterations are made and subsequently disapproved in whole or in part. Further, Owner understands that any legal expense associated there with may be the responsibility of the Owner.

- 2. Owner agrees to give the Covenant Committee or its agents, express permission to enter on the Owner's property during normal business hours to inspect the proposed project, before, during and/or at the completion of said project.
- 3. Owner acknowledges that he/she is familiar with the design review requirements and procedures for the Old Farm Homeowners Association, Inc.
- 4. Owner understands that an approval will be made as soon as possible but could take up to thirty (30) days.

As evidenced by the signature below, I/we understand that approval of this request does not relieve me/us of the responsibility for obtaining any and all building permits, variances and/or observing all local zoning ordinances. Further, I/we agree to make the changes/improvements to the property as described above under the terms and conditions as specified in the letter of approval and on this application. All improvements must be on my property or property line. If any portion of the property of any other person, including the Association is disturbed or damaged by either myself or my contractor, I agree to be responsible for and to restore it to the original or better condition.

Signature of Applicant			_ Date:	
Architectural Committee:	Approved: _	Denied		
Signature:		Signature		
Date:		Date:		
Committee Remarks:				

Please submit completed application, with supporting documentation, to Diana Booth at Sunshine Management Corp, 178 Thomas Johnson Drive Suite 201 Frederick, Maryland 21702 or via email at dianab@sunshinemanagement.com. .