

Application to Seminary Overlook Architectural Review Committee

Request for Approval of Work to be Performed

WORK SHOULD NOT BE STARTED WITHOUT APPROVAL

Applicant's Name: _____

Applicant's Address: _____

Phone Numbers: (H): _____ **(W):** _____

E-Mail Address: _____

Description of Work to be Performed:

(In all cases, please provide as much information about the design and materials selected as possible. Include manufacturer name, color selection or finish, reference number and/or picture, if appropriate. Provide attachments, if necessary.)

Work to be performed by:

Name: _____

Contact Person & Phone No: _____

Date of Application: _____ **Date Work Expected to Begin:** _____

SUBMIT (*Electronic submissions are preferred*) TO: **aaron.s.pressman@gmail.com**

Or by mail to: **Seminary Overlook ARC, C/O Aaron Pressman, P.O. Box 242, Brooklandville, MD 21022-0242**

NOTES:

1. If a Building Permit is required by Baltimore County for the work to be performed, that is a separate process from approval by the Architectural Review Committee and is the responsibility of the homeowner. It is recommended that approval first be obtained from the Committee before seeking the Building Permit.
2. Appeals of decisions made by the Architectural Review Committee may be made to The Seminary Overlook Board of Directors.
3. Any changes to previously approved treatments must be submitted for approval prior to making the change.
4. Although not necessary, it is encouraged that this form be signed by immediate neighbors as an indication of their support of the proposed work.
5. It is the Committee's intention to respond as timely as possible, however regular meetings are scheduled monthly, so please allow adequate turnaround time for the Committee.

Applicant's Signature: _____

Neighbors' Signatures and Addresses (desirable but not required): _____
