

SEVERN CREST HOMEOWNERS' ASSOCIATION

ARCHITECTURAL MODIFICATION REQUEST

In accordance with the Severn Crest Homeowners' Association, Inc. Declaration of Covenants, Conditions and Restrictions, I hereby apply for written consent for the following architectural modifications:
(Please Print Clearly)

1. **SUBJECT PROPERTY:** Owner Name(s) _____
Property Address: _____
City/State/Zip: _____
Phone: Home: _____ Work: _____ Fax: _____
E-Mail: _____

2. **DESCRIPTION OF MODIFICATION:** _____

Diagram Attached Copy of Plat Attached Material List Attached

(Note: A diagram, picture, copy of plat and material list **MUST** be provided, if applicable. Please draw modification on the plat.)

3. ACKNOWLEDGMENT OF ADJACENT PROPERTY OWNERS:

(a) Name: _____ Address: _____
(Please Print Name)
Signature: _____ Phone #: _____

(b) Name: _____ Address: _____
(Please Print Name)
Signature: _____ Phone #: _____

4. PROPERTY OWNER'S RESPONSIBILITIES:

- (a) Property Owner is responsible for obtaining adjacent property owner(s) acknowledgment, county zoning approval, and all building or trade permits required.
- (b) No work shall begin without prior written approval.
- (c) Approval is contingent upon work being performed in accordance with the Severn Crest Homeowners' Association Declaration of Covenants, Conditions and Restrictions, and the Architectural Review Committee approval.
- (d) The property owner is solely liable for any claims, without limitation, for property damage or personal injury to or on his property, all surrounding properties, and any common areas.
- (e) With regard to the above requested additional or modifications, Property Owner accepts full responsibility for the maintenance, repair, and upkeep of said modification.

5. ACTION OF ARCHITECTURAL REVIEW COMMITTEE:

Date Received: _____

____ Approved as Requested
____ Approved with the following conditions: _____

____ Not Approved
____ Comments: _____

By: _____
Signature of Authorized Committee Member

Date: _____