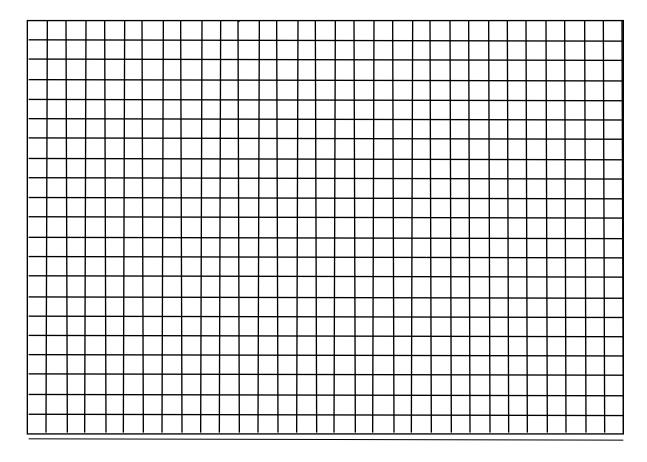
CROFTON CHASE HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL IMPROVEMENT REQUEST

ADDRESS	CITY	STATE	ZIPCODE
NAME	PHONE	EMAIL	
UNIT ADDRESS:			
PLEASE PRINT:			

Draw proposed changes or modifications below, provide a plan view (looking down) and a side view, if applicable.



The changes requested <u>ARE NOT</u> authorized until this request is approved by the Architectural Control Committee. DO NOT PROCEED WITH WORK UNTIL APPROVED <u>IN WRITING!!</u> Attach copy of manufacturer's material specifications or provide sample of materials if available.

<u>Please add a copy of your plat.</u>

ProCom

Professional Community Management, Inc. 400 Serendipity Drive Millersville, MD 21108 (301) 261-0777 (D.C. Line) (410) 721-0777 (Local) (410) 721-4854 (Fax) www.procomgt.com



Provide a narrative Description of Changes or Modifica	ntions:
The changes as proposed shall meet any and all codes, p County, State, or other governmental Authority. I will or code provisions as required by law.	permits or other requirements deemed necessary by be responsible for complying with all licenses, permit
Unit Owner's Signature	Date
(AFTER SIGNING, SUBMIT TO PROCOM FOR APPR COMMITTEE.)	OVAL BY THE ARCHITECTURAL CONTROL
DISPOSITION:	
☐ APPROVED	
DENIED	
APPROVED SUBJECT TO THE FOLLOWING CO	ONDITIONS:
Association is not responsible for permits, licenses or an authority.	ny other requirements controlled by any governmental
Chairman, Architectural Improvement Commit	tee Date
Board President	 Date

ProCom

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