

CROFTON CHASE HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL IMPROVEMENT REQUEST

PLEASE PRINT:

UNIT ADDRESS: _____

NAME	PHONE	EMAIL
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ADDRESS	CITY	STATE	ZIPCODE
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Draw proposed changes or modifications below, provide a plan view (looking down) and a side view, if applicable.

[illegible]

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

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 Modifications:

The changes as proposed shall meet any and all codes, permits or other requirements deemed necessary by County, State, or other governmental Authority. I will be responsible for complying with all licenses, permit or code provisions as required by law.

Unit Owner's Signature

Date

(AFTER SIGNING, SUBMIT TO PROCOM FOR APPROVAL BY THE ARCHITECTURAL CONTROL COMMITTEE.)

DISPOSITION:

☐

APPROVED

☐

DENIED

☐

APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:

Association is not responsible for permits, licenses or any other requirements controlled by any governmental authority.

Chairman, Architectural Improvement Committee

Date

Board President

Date

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