

APPLICATION

**OELLA HOMEOWNERS ASSOCIATION INC
ARCHITECTURAL CHANGE REQUEST**

Name: _____

Property Address: _____

Owner's Home Address (if different): _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Single Family _____ Townhouse _____

Check Type of Improvement, Change, or Addition:

Shed: _____ Satellite Dish: _____ Color Change: _____ Plantings: _____ Fence: _____ Patio: _____
Addition: _____ Other: _____

Attach a description of project and include as much detail as possible including materials to be used, style, colors, and other pertinent information. Provide a sketch of the change, or advertisement if available. If someone other than the homeowner is performing the work, please include their name and phone number. The change MUST be drawn on a copy of your property survey (plat) to include dimensions of the change and proximity to home and property line. NOTE: Complete applications MUST be submitted in triplicate or may be rejected by the committee. If you already have changes, these should be noted on the plat. Approved changes must be made within one year from the approval date. Any variance of the improvement to the originally approved application MUST be resubmitted.

Estimated Beginning Date: _____ Projected Completion: _____

I understand that approval does not relieve me of the responsibility to obtain any and all necessary building permits, variances, and /or observing local zoning ordinances. If this application is approved by the Association, I agree to make the changes under the terms and conditions as specified in the letter of approval. All improvements must be on my property. If any portion of the Association's property is disturbed or damaged by either myself or my contractor, then I agree to be responsible for and to restore the common elements to their original condition(s).

Signature of Applicant: _____ Date: _____

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ARC OR BOARD OF DIRECTORS ACTION: Date Received: _____ **ARC Comments:**

Approved: ___ Approved w/comments: ___ Disapproved w/comments: ___
Disapproved: _____

Requires signature approval of adjacent neighbors: _____

By: _____ Date: _____

PLEASE SEND TO:

**Oella Architectural Review Committee
c/o America Community Management
9198 Red Branch Way
Columbia, MD 21045**

Fax 410-997-8876

staff@communitymanagers.net