# COMANCO, INC.

RCVD (COMANCO) _____

FORWARD TO _____

RCVD (COMMITTEE) _____

2139 Defense Highway
PO Box 3637
Crofton, MD 21114

## ARCHITECTURAL CHANGE APPLICATION

One Application for each change/addition

Name: _____ Date: _____

Address: _____ Phone: _____

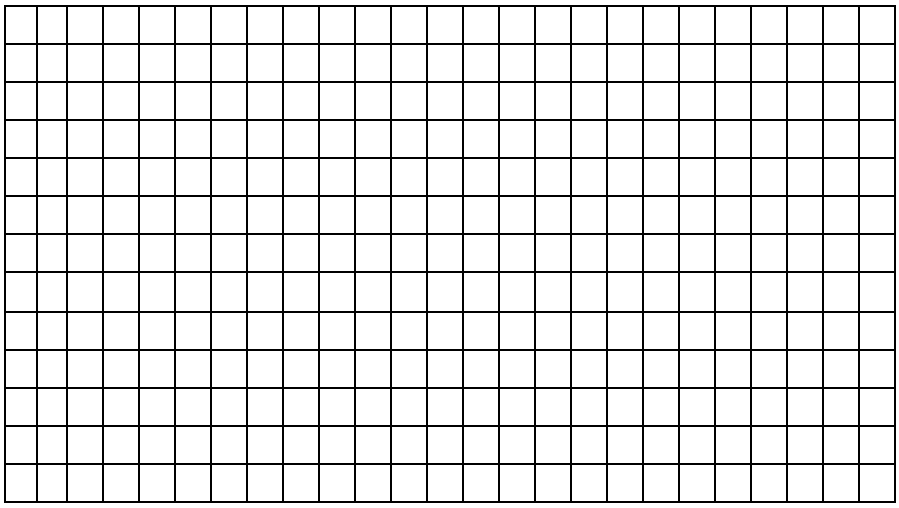
Community: _____

1. Architectural improvement proposed: _____
2. Location of improvement: _____
   (front, rear, left side, right side, roof)
3. Dimensions of new structure/improvement: _____
4. Type of material/color to be used: _____
   (wood, aluminum, brick, paint, other)
5. Drawings/brochures attached ☐
6. Building permit: Has ☐ Has Not ☐ been obtained. Building permit number: _____
7. Additional information: _____

_____

IN APPLYING FOR THE ABOVE ARCHITECTURAL CHANGE, I AGREE TO FOLLOW TO THE BEST OF MY ABILITY THE CHANGES AS DESCRIBED AND MEET ANY AND ALL CODES, PERMITS OR OTHER REQUIREMENTS DEEMED NECESSARY BY COUNTY, STATE OR OTHER APPLICABLE AUTHORITY.

_____
OWNERS SIGNATURE DATE



☐ APPROVED ☐ APPROVED AS MODIFIED ☐ NOT APPROVED

_____
CHAIRPERSON ARCHITECTURAL CONTROL COMMITTEE

THIS APPLICATION IS NOT VALID AND WILLNOT AUTHORIZE ANY CONSTRUCTION OR BUILDING CHANGES UNTIL THE APPLICATION IS RECEIVED FOR CONSIDERATION BY THE ARCHITECTURAL CONTROL COMMITTEE OF YOUR ASSOCIATION AND THE PROPOSED CHANGES AND/OR CONSTRUCTION APPORVED BY THE ASSOCIATION.