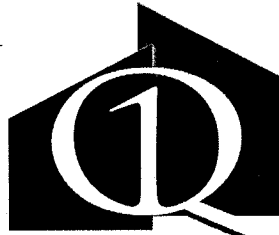


Log #: \_\_\_\_\_  
Date to ACC: \_\_\_\_\_  
Received: \_\_\_\_\_

For ACC USE ONLY



# Quality 1

PROPERTY MANAGEMENT  
Service you expect and deserve

THE CHASE HOMEOWNERS ASSOCIATION'S

## APPLICATION FOR EXTERIOR ALTERATION

NAME: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

PHONE NUMBER :(H) \_\_\_\_\_ (W) \_\_\_\_\_

**INSTRUCTIONS:** Please use area below to describe all proposed improvement(s), alteration(s) or changes to your lot or home. Please attach required details to include; sketches, drawings, clippings, pictures, catalog illustrations and any other documentation that will help to facilitate the application process. Please depict locations of all proposed additions, changes and alterations to your property on a copy of your lot survey. If painting is required, please attach a color sample of the paint chip. *All structural changes require a plot plan of your lot with a scaled drawing of the proposed alterations or additions.* Please limit attachments to 8 1/2" by 11" in size and submit 2 copies. **Applications that do not provide full details of the proposed exterior alterations will not be approved until all required documentation is received.**

PLEASE NOTE: Exterior alterations commenced without prior written approval of the Architectural Control Committee are in violation of the Covenants and are completed at the applicant's own risk and are subject to removal at the home owner's expense.

Please mail, email or fax all correspondence to:

The Chase Homeowner's Association  
C/O Quality 1 Property Management  
Attention: Covenant Committee  
12138 Central Avenue, Suite 863  
Mitchellville, MD 20721  
(240) 260-0755 – fax  
[office@quality1propertymanagement.com](mailto:office@quality1propertymanagement.com)

DESCRIPTION OF CHANGE REQUESTED:

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**SIGNATURES:**

Consent of at least two (2) neighbors who are visually affected because they are adjacent and/or have a view of your change, is required. Signatures indicate awareness of intent, not approval or disapproval. Resident input may be given on any pending application.

Neighbor Name: \_\_\_\_\_ Neighbor Name: \_\_\_\_\_

The Chase Address: \_\_\_\_\_ The Chase Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTES:**

1. Nothing herein contained shall be construed to represent that alterations to land or buildings in accordance with these plans shall not violate any of the Building and Zoning Codes of Howard County, to which the above property is subject. Further, nothing herein contained shall be construed as a waiver of modification of any said restrictions.
2. Applications usually take no longer than 30 days to review. If you disagree with the final decision, you may file a written appeal to the Board of Directors within 10 calendar days of receipt.
3. The Chase Homeowners Association Architectural Control Committee approval of this application may not be the only approval required. Howard County approval may also be required. Therefore, it is the homeowner's responsibility to ensure compliance with all applicable restrictions.  
Howard County Department of Inspections, Licenses and Permits – (410) 313-2455.  
Miss Utility (call before you dig) – 1 (800) 257-7777
4. Work expressed on this application must be completed within six (6) months after approval by the Architectural Control Committee. The Committee must be advised in writing when the work is completed. Extenuating circumstances must be brought to the attention of the Committee. If corrective action is required, the Committee will determine a completion date on an individual basis.

OWNERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- Attachments: (1) Sketch, photo, catalog illustration, etc.  
(2) Copy of survey marked with change being requested

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**ARCHITECTURAL CONTROL COMMITTEE ACTION:**

- ( ) Application Approved as Submitted,  
( ) Application Approved with the following provision(s):  
\_\_\_\_\_

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( ) Application **DENIED** for the following reason(s):

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( ) Recommendations for re-submission:

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Architectural Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_