

Park Overlook Homeowners Association, Inc.
EXTERIOR ALTERATION APPLICATION

Submit Applications via the homeowner portal or via email at TMGAinc@TMGAinc.com.
Make sure to include Park Overlook in the subject line.

OWNER/APPLICANT NAME: _____ PHONE: _____

PROPERTY ADDRESS: _____ EMAIL: _____

INSTRUCTIONS

Please provide ALL requested information on this form as completely as possible. Any incomplete sections will result in unnecessary delays. The typical time frame for approval of exterior changes is no more than 30 days following receipt of a COMPLETE application by the Architectural Control Committee ("ACC").

Please provide the following for proper processing of your application:

1. A completed and signed Exterior Alteration Application.
2. A sketch of the proposed alteration(s) indicating all appropriate dimensions, elevations, a sample of the manufacturer's product or materials (where feasible), and paint color and/or stain samples. Applicants are also required to submit original manufacturer brochures, etc. to more completely define the scope of the alteration(s).
3. Color pictures of all affected areas of the property and structures thereon.
4. A copy of your property survey (plat) annotated to indicate the location of the proposed alteration(s) for decks, sheds, fences, patios, and retaining walls.

DESCRIPTION OF PROPOSED ALTERATION(S)

(Use additional sheets if necessary. The ACC may reject an application for insufficient information.)

Purpose and Description:

Type of Materials:

Color(s):

Other Information:

1. Anything contained herein shall not be construed to represent that the proposed alterations to the property or any structures thereon are in compliance with or in violation of any of the protective covenants, restrictions, ordinances, or any of the provisions of the building codes, etc. of either Montgomery County Maryland or the State of Maryland to which the above property is subject. It is the sole responsibility of the applicant to ensure that this application is in compliance with and not in violation of any protective covenants, restrictions, ordinances, or any of the provisions of the building codes, etc. of either Montgomery County Maryland or the State of Maryland, as applicable. Further, anything contained herein shall not be construed as a waiver or modification of any of the aforementioned protective covenants, restrictions, ordinances, or any of the provisions of the building codes, etc. of either Montgomery County Maryland or the State of Maryland, as applicable.
2. The building ordinances of Montgomery County Maryland may require the filing of plans with the building inspector of said County and may also require that the owner obtain a building permit from Montgomery County Maryland.
3. I understand and agree that no work on this request shall commence until written approval of the ACC has been received.
4. A copy of this application will be returned after review, stamped approved or rejected, by the management company.

OWNER/APPLICANT SIGNATURE: _____ DATE: _____

SKETCH/DRAWING

Draw a simple sketch or include a clipping or picture in the space below. Show the location of the item on the property by a sketch (including property lines) or on a photocopy of your location survey given to you at settlement. Please be sure to include all dimensions.

NOTE: Prior to any excavation work, it is the homeowner's complete and sole responsibility to verify that no underground utilities will be disturbed by the proposed work. **Call MISS UTILITY: 800-559-0100.**

COMMITTEE REVIEW DECISION

If you disagree with the decision letter, a **written appeal may be made to the Board Of Directors ("BOD") within ten (10) working days of the date of the decision letter.** In the event that the BOD, itself, acts in the capacity of the ACC, no such right to appeal will apply and the decision of the BOD shall be final. Work, as expressed on the exterior alteration application, must be completed within 120 days after approval by the ACC. Failure to complete the work within the prescribed time period will result in the approval being rescinded and re-submittal will be required. Any extenuating circumstances should be brought to the attention of the ACC.

FOR COMMITTEE USE ONLY:	DATE RECEIVED: _____
APPROVED (Signature): _____	DATE: _____
DISAPPROVED (Signature): _____	DATE: _____
COMMENTS (Exceptions, restrictions, additional requirements, reasons for disapproval):	

