



**NEW MARK COMMONS
HOMES ASSOCIATION, INC.**
P.O. BOX 4206
ROCKVILLE, MARYLAND 20850-0023
(301) 340-0288

Date Received: _____

**ARCHITECTURAL CONTROL COMMITTEE
APPLICATION FOR EXTERIOR MODIFICATIONS**

THIS APPLICATION MUST BE SUBMITTED FOR ANY EXTERIOR ARCHITECTURAL MODIFICATION, INCLUDING CHANGES IN COLOR, MATERIAL, OR ROOFS.

Applicant: _____

Address: _____

Home Phone () _____ Email _____ Date _____

INSTRUCTIONS: Please complete the entire application and submit it to the Homeowner's Association at the above address. The application for exterior modifications is automatically approved if not denied within 30 days after acknowledgement of its receipt, per Article X, Section 1. A Rockville city building permit may be required for some alterations. You should contact city officials for any information regarding permits (301/309-3250).

DESCRIPTION OF PROJECT: Describe the proposed project briefly below. Use additional sheets if necessary. Also include the following: A sketch (8 1/2" x 11" min.) or architect's plans; color samples (2" x 2" min.); and samples or description of materials to be used.

CONTRACTOR: _____

ADDRESS: _____ or

OWNER WILL DO OWN WORK: YES _____ NO _____

PLEASE OBTAIN SIGNATURES OF ADJACENT PROPERTY OWNERS AND OTHERS WHO WILL SEE THE EXTERIOR MODIFICATIONS. THEIR SIGNATURE DOES NOT INDICATE THEIR APPROVAL OF THE PLANNED PROJECT, BUT ONLY THEIR ACKNOWLEDGEMENT OF IT.

See Reverse Side

SIGNATURES OF ADJACENT PROPERTY OWNERS AND OTHERS WHO WILL SEE THE PLANNED MODIFICATIONS:

BEFORE SIGNING THIS APPLICATION, PLEASE READ THE FOLLOWING:

Your signature on this application does not indicate approval of the planned project, but only that you had knowledge of it. If you have any questions regarding this application or disapprove of any of its components, please immediately contact the Architectural Control Committee or the Homes Association Board (preferably in writing) to explain your concerns. You are also encouraged to discuss your concerns directly with the application.

	NAME	ADDRESS	SIGNATURE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

COMMITTEE ACTION:

Approved _____ Denied _____ Date _____

BY: _____

BOARD ACTION (when necessary): _____

Date: _____

Approval is only valid for one year from the date of approval.