Regents Square Condominium

ARCHITECTURAL MODIFICATION REQUEST

CO-OWNER INFORMATION

Co-owner Name: _____ Today's Date: _____

Property Address: _____ Phone: _____

MODIFICATION FOR WHICH APPROVAL IS REQUESTED: CHECK APPLICABLE BOX(ES)

- ☐ Replacement windows
- ☐ Front door
- ☐ Patio door
- ☐ Dryer vent
- ☐ Back fence
- ☐ Other: _____

MODIFICATION DETAILS

Attach sketch or drawing, picture of door/windows/other, or provide additional specific details such as style, color, materials, etc., below. The more details you provide, the faster you'll receive a decision by the Board.

_____

_____

_____

_____

_____

_____

CHECK OFF FINAL STEPS AND SIGN

- ☐ I have attached the required maintenance and liability release form, without which this request for approval will not be processed.
- ☐ I agree that any variations from this application must be resubmitted for approval.
- ☐ I also agree that I may not under any circumstances commence this project prior to receiving written notification of approval by the Board of Directors.

Signature of Co-Owner: _____

MAIL THIS FORM WITH ALL ATTACHMENTS TO:

Abaris Realty Inc.
Attn: Bruce Blumberg
12009 Nebel St
Rockville, MD 20852

REGENTS SQUARE BOARD USE ONLY

Date Received: _____ Reviewed by: _____ Date: _____

Action: Approved Disapproved Conditionally Approved Request Needs Clarification

Final inspection for conformance performed by: _____ Date: _____