

PLEASE READ BEFORE SUBMITTING APPLICATION

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT. APPLICATIONS MUST BE COMPLETE BEFORE THEY WILL BE PLACED ON AN AGENDA. PLEASE USE THE FOLLOWING CHECKLIST.

_____ Read the guideline pertaining to your alteration.

_____ Complete application form.

_____ Include plot plan/location survey. Show the location of the proposed alteration and the distance to property lines. A plot plan is not necessary if you are making a color change.

_____ Include an elevation drawing and/or pictures of the alteration. Please include all dimensions and description of materials to be used.

_____ Include the color of alteration (chips, sample, or picture), A verbal description is NOT acceptable. If the alteration is wood and is to remain natural, the type of wood should be noted and a statement that it will remain natural.

_____ Obtain neighbor signatures. Neighbor signatures are not required, but strongly encouraged. Neighbor notification door hangers are available at Amherst House. If door hangers are used, please note the addresses of the properties that received them.

_____ Read deadline and meeting date schedule attached to application and submit accordingly.

Applicants are encouraged to attend the meetings which begin at 7:30 P.M. in the Macgill Room at the Amherst House. Applicants are notified by phone of the results. Letters will also be sent.

VILLAGE OF KINGS CONTRIVANCE EXTERIOR ALTERATION APPLICATION
 KINGS CONTRIVANCE COMMUNITY ASSOCIATION AMHERST HOUSE 7251 Eden Brook Drive Columbia, Maryland 21046
 Phone: 410-381-9600 Fax: 410-381-9628

NAME: _____ (PLEASE PRINT/TYPE)
 ADDRESS _____
 PHONE: (home) _____ (work) _____ (INCLUDE AREA CODE)
 OWNER SIGNATURE: _____ DATE: _____

NEIGHBORHOOD: MACGILL'S COMMON __DICKINSON__ HUNTINGTON__
 PROPERTY: HOUSE_TOWNHOUSE-END__TOWNHOUSE-MID__CONDO APT.
 LOT#__HOME STYLE: CONTEMPORARY__TRADITIONAL
 OTHER/UNKNOWN) COLOR: HOUSE-- -- ---- TRIM SHUTTERS
 ROOF
TYPE OF ALTERATION:

FOR OFFICE USE
 DATE REC'D _____
 KCRAC NO. _____
SPEEDY PROCESS
 YES _____ NO _____

PLEASE INCLUDE PLOT/LOCATION SURVEY, DRAWINGS/PICTURES OF PROPOSED ALTERATION, COLOR/MATERIAL SAMPLE AND ANY OTHER SUPPORTING DOCUMENT

- | | | | | |
|--|--------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence | <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Storm/Garage Door | <input type="checkbox"/> Other |
| <input type="checkbox"/> Basketball Pole/Backboard | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Porch | <input type="checkbox"/> Siding | |
| <input type="checkbox"/> Chimney/Flue/Vent | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Privacy Screen | <input type="checkbox"/> Sun Room | |
| <input type="checkbox"/> Color Change | <input type="checkbox"/> Lighting | <input type="checkbox"/> Roof | <input type="checkbox"/> Tree Removal | |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Patio | <input type="checkbox"/> Shed | <input type="checkbox"/> Window/Door | |

DESCRIPTION OF CHANGE: (Use back if additional space is needed)

ACKNOWLEDGEMENT OF AFFECTED AND/OR ADJACENT PROPERTY OWNERS

While not a requirement we encourage neighbor notification. Door hangers (available at Amherst House) may be used instead of obtaining signatures

This awareness does not constitute approval or disapproval. If you have any questions or concerns regarding this application, contact the Covenant Advisor at 410-381-9500.

NAME _____ ADDRESS _____
 NAME _____ ADDRESS _____
 NAME _____ ADDRESS _____

This application is in accordance and does not violate the Covenants and Guidelines of the Village of Kings Contrivance or the Building and zoning codes of Howard County. Applicant assumes full liability for entire project. Howard County Building Permit should be obtained for needed (410-313-2455). Applicant runs the risk of incurring cost of removal, restrictions must be met and are the responsibility of the resident. Work must be completed within 120 days of start date. Exceptions must be brought to the attention of the Resident Architectural Committee. Miss Utility (1-800-257-7777) should be called prior to digging around gas, power, cable and telephone lines.

IT MAY BE NECESSARY TO OBTAIN APPROVAL FROM YOUR TOWNHOUSE/CONDO ASSOCIATION. THEY MAY HAVE MORE RESTRICTIVE REQUIREMENTS AND THEIR OWN ARCHITECTURAL REVIEW PROCESS. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE COMPLIANCE WITH ALL GUIDELINES AND/OR RESTRICTIONS.

IF AN APPLICATION IS DENIED, A WRITTEN APPEAL REQUEST MUST BE RECEIVED AT AMHERST HOUSE WITHIN TEN (10) DAYS OF RECEIPT OF THE COMMITTEE'S DECISION.

FOR OFFICE USE

RAC ACTION: APPROVED _____ APPROVED WITH PROVISIONS/WAIVER _____
 DENIED/REASON _____
 SIGNED _____ DATE _____

AC ACTION: APPROVED _____ APPROVED WITH PROVISIONS/WAIVER _____
 DENIED/REASON _____
 SIGNED _____ DATE _____