ARCHITECTURAL IMPROVEMENT REQUEST FORM

FOUR SEASONS HOMEOWNERS ASSOCIATION PLEASE SUBMIT TO:

FOUR SEASONS HOA c/o WALLACE MANAGEMENT PO BOX 3490 ANNAPOLIS, MD 21403

TOPS CCR
OWNER
INTERNAL USE ONLY

PING
PING
S/SHRUBS
R BED
ER BOX
R GARDEN
(DESCRIBE

Estimated start date:	Estimated completion date:		
HAS A PERMIT BEEN OBTAINED?Yes	NoNot Required		
I/We hereby submit this form for consideration regarding the improvement described above. The improvement is in accordance with all laws, codes, regulations and Association By-Laws. I/We understand that it is my/our responsibility to pull all necessary permits and comply with required inspections. I/We acknowledge that I/We are solely responsible for any liability resulting for the described improvement both during the process and thereafter. I/We give the Architectural Committee permission to enter the property lot prior, during and for a final inspection of the work being done. I/We understand that the Architectural Committee review and approval in no way absolve me/us or any future owners from the responsibility to comply at all times with all laws, codes and regulations. I/We represent all the information contained herein to be accurate to the best of my/our knowledge.			
Owner Signature	Date		
Owner Signature	Date		