

Architectural Change Request

ShIPLEY'S CHOICE HOMEOWNERS ASSOCIATION., PO Box 671 Millersville, MD 21108

Name: _____ Date: ___/___/___

Address: _____ Phone: _____ E-mail: _____

Describe the Proposed Change Start Date: ___/___/___ Completion Date: ___/___/___

Indicate any color changes and attach the Corresponding Paint Chips.

	Roof	Siding	Shutters	Trim	Entry Door	Garage Door
Existing						
Proposed						

It is required that you attach the following when requesting structural additions, changes or alterations.

- 1- A site map or survey showing the project's location with respect to the house, sidelines property lines and neighboring homes and street.
- 2- A blue print plan or sketch indicating the project's dimensions and design.
- 3- A list of materials to be used and type of finish/paint/stain.

Applicant's Signature: _____ **Date:** ___/___/___

Committee use only Date Received: ___/___/___ Approved Rejected (circle one)

Chairperson Signature _____ **Date:** ___/___/___

- 1- Projects must commence within 6 months of approval and be completed within 6 months of commencement.
- 4- Homeowners are responsible for complying with SCHOA Governing Documents and Anne Arundel Building Code and Permit requirements and assuring contractor adherence to above.
- 5- Contact "Miss Utility" at 800-257-7777 prior to digging.