

**Grosvenor Square Home Owners Association
Architectural Change Application and Review Form**

Property Management: Creative Management Services
301.855.4193 or 410.741.5120 Fax 410.257.9676

Homeowner _____ Home Phone _____

Address of Unit _____ Cell Phone _____

Contractor / Company Name _____

Contact Name _____

Office Phone _____ Cell Phone _____

Comments or Notes:



Please check to indicate choice(s)

- Addition
- Alteration
- Improvement
- Patio / Deck
- Front Door / Storm Door
- Roof / Skylight / Attic Fan
- Facia / Trim
- Siding
- Painting
- Verizon Fios
- Other: _____
- Other: _____
- Other: _____

Checklist before submitting

- Manufacturer _____
- Model/Series _____
- Brochure with Specs are attached
- Sketch with Dimensions
- Location: _____
- New Architectural Committee
- Color Scheme: _____
- Copy of Proposal

You may use the back of this form to sketch all improvements, showing location and all dimensions.

THIS APPLICATION IS NOT VALID AND WILL NOT AUTHORIZE ANY CONSTRUCTION OR BUILDING CHANGES UNTIL THE APPLICATION IS RECEIVED BY THE ARCHITECTURAL COMMITTEE, GROSVENOR SQUARE HOMEOWNERS ASSOCIATION AND THE PROPOSED CHANGES AND / OR CONSTRUCTION IS APPROVED IN WRITING BY THE ARCHITECTURAL COMMITTEE.

I agree to adhere to the specifications of the Architectural Committee. Furthermore I agree to adhere to the above changes and shall be responsible for securing all permits or other requirements deemed necessary by County State or other applicable authority. Work is to be completed within six (6) months of approval.

It is important to note that the Grosvenor Square Homeowners Association will not recommend and does not endorse any of the suppliers, manufacturers or their products.

Homeowners Signature: _____ Date _____

The Architectural Committee will review and respond to this request within forty-five (45) days of receipt by property manager.

Approved On: _____ Disapproved On: _____	To be completed by property management
Modification or Reason for Disapproval: _____	Date Received
Approved as Modified On: _____	Forward To
Chairperson, Architectural Committee: _____ Date: _____	Date Forwarded
RETURN THIS COMPLETED FORM TO CREATIVE MANAGEMENT SERVICES P.O. BOX 452, SUNDERLAND, MARYLAND 20689	