

PARKSIDE CONDOMINIUM

Architectural Change Request Form

Date Submitted: _____ Date Received: _____

Owner Name(s):			
Property Address:			
Mailing Address:			
Mailing City:		Mailing State/Zip:	
Phone:	Day:	Eve:	Cell:
E-mail:			

Describe the proposed modification. Attach Drawings (may be reduced to fit) on 8 ½" x 11" sheets to include:

- _____ Floor Plan showing **existing** room or rooms, dimensioned & drawn to scale
- _____ Floor Plan showing proposed **demolition**, dimensioned & drawn to scale
- _____ Floor Plan showing proposed **new work**, dimensioned & drawn to scale
- _____ Elevation of entire wall or room **as existing**, dimensioned & drawn to scale
- _____ Elevation showing proposed **new work**, dimensioned & drawn to scale
- _____ Elevation showing proposed demolition, dimensioned and drawn to scale

It may be acceptable to show **proposed demolition** and **existing conditions** (floor plan or wall elevation) on the same sheet if they are both clear and readable.

Current square footage of unit: _____.

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Please identify below the contractor's name, type of license(s) the contractor is required to have to perform the work, the license(s) identification or certification number and the issuing authority. Please attach a copy of the contractor's certificate of insurance issued by its insurance carrier and/or agent showing the contractor's current coverage amounts of liability and workers compensation.

Name of Contractor:		
Type & License ID:		
Issuing Authority:		
Certificate of Insurance: Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If the nature of the modifications requires the issuing of a building permit by Montgomery County or the Washington Suburban Sanitary Commission (WSSC) please indicate the appropriate permit identification number and date issued.</p>		
Issuing Agency	Permit #	Date
Montgomery County 240-777-6300 http://permittingservices.montgomerycountymd.gov/		
Washington Suburban Sanitary Commission 301-206-8000 http://www.wsscwater.com		

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Agreement and Understanding		
<p>I/We understand and agree that there are architectural requirements and standards addressed in the Parkside Condominium Declaration, Bylaws, Rules and Regulations, and Board of Directors approved Resolutions and Design Standards, and that there is a review process established by the Board of Directors. I/We agree to follow this process.</p> <p>I/We agree that no work on the modification will commence until I/We receive written approval. To do so is a violation of the governing documents of Parkside Condominium and may result in being required to remove any or all of the modification, should they not be approved, and restore the above referenced property to its original condition at my/our own expense. I/We understand that I/We may be held responsible for all legal fees incurred by the Association in enforcing the provisions of the governing documents.</p> <p>Upon approval to proceed, I/We agree to submit all applicable building permits and licenses required to comply with Montgomery County and Washington Suburban Sanitary Commission building codes. I/We further understand that the construction of additional bathrooms and/or demolition of load-bearing walls are not permitted.</p> <p>This approval is contingent upon the completion of the modification as applied for and approved to satisfy the requirements of the Association.</p> <p>Approval of this application is contingent upon completion of the work in a timely and professional workmanship manner and the approval authority granted (if so granted) will automatically expire, unless a written extension is received and granted, should the above requested work not be completed within ____ days.</p> <p>I/We further agree to notify the Association within __ days of completion of these modifications for purposes of scheduling an inspection to determine that the modifications are in accordance with the application.</p>		
Name (please print)	Signature	Date