

**Green Hill Manor Community Association, Inc.**  
**ARCHITECTURAL REQUEST APPLICATION**

Name: \_\_\_\_\_ Property Address: \_\_\_\_\_  
Owner's Mailing Address: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Please use the attached check-list when submitting your request:

- Description of proposed exterior change or alteration- include as much detail as possible including photograph or drawing, materials to be used, style, color and other helpful information.

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- Provide a site plan or survey showing where improvements are located.
- Contractor's name and phone if work applicable:

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- Project dates:

Estimated Beginning Date: \_\_\_\_\_  
Estimated Completion Date: \_\_\_\_\_

*Every effort is made to produce a response in 2 weeks. However, **please allow up to 4 weeks for a response.** Also to note, per the HOA documents, the Architectural Review Committee actually has 60 days to deliver a response. To expedite your request it is recommended that you (1) review the existing HOA documents found on [www.greenhillmanor.com](http://www.greenhillmanor.com) and (2) ensure that your application contains all of the applicable information requested above.*

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, variances, and/or observing all local zoning ordinances. If approved by the Board of Directors I agree to make the changes under the terms and conditions as specified in the approval letter. All improvements must be on my property or property lines. If any portion of the Association property is disturbed or damaged by either my contractor, or myself then I agree to be responsible for and to restore the common elements to their original condition(s).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**BOARD OF DIRECTORS ACTION:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO:**

Green Hill Manor Community Association, Inc.  
c/o Association Management Services, Ltd.  
P.O. Box 691  
Frederick, MD 21705  
301.620.2489 Fax  
[amsmgmt@aol.com](mailto:amsmgmt@aol.com)