

**POOKS HILL CONDOMINIUM, INC.  
ARCHITECTURAL CHANGE REQUEST**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

Have you reviewed the Master Deed, Bylaws, and Rules & Regulations as they pertain to your proposed improvements?

\_\_\_\_\_ YES \_\_\_\_\_ NO

You understand that if required, it is the homeowner's responsibility to get permits and approvals as needed from Montgomery County.

\_\_\_\_\_ YES \_\_\_\_\_ NO

The homeowner assumes responsibility for any encroachment onto adjacent properties (including HOA maintained common areas), surveying, building permits, engineering, grading/drainage, or any other areas requiring professional or technical advice or approval, as well as any damage as a result of the actions taken to perform the requested work.

TYPE OF MODIFICATION: \_\_\_\_\_

(DESCRIPTION) \_\_\_\_\_

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**IMPORTANT – Please attach supplemental information about your proposed project, as applicable, to include:**

- |                     |                                  |              |            |
|---------------------|----------------------------------|--------------|------------|
| * COLOR (SAMPLE)    | * CONTRACTOR NAME & CONTACT INFO | * DIMENSIONS |            |
| * MATERIAL (SAMPLE) | * DESIGN                         | * DRAWINGS   | * PLAT     |
| * PHOTOGRAPHS       | * BUILDING PERMIT                | * LOCATION   | *EQUIPMENT |

ESTIMATED START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

The Pooks Hill Condominium, Inc. Architectural Control Committee or Board of Directors may request additional information that will better enable us to make a decision on your request. When a completed form with all required information is received, the review process will begin. The Committee or Board will render a decision within 60 days.

**Please submit your requests to:  
Sara Rossi, CMCA, AMS  
Allied Realty Corp.  
7605 Arlington Road Suite 100  
Bethesda, MD 20814**

or via email to [srossi@alliedrealtycorp.com](mailto:srossi@alliedrealtycorp.com).

**You will receive written notification of the Architectural Control Committee or Board of Director's Decision.**

**SIGNATURE(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

FOR OFFICE USE ONLY:

ACTION:

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

By: \_\_\_\_\_

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

REASON FOR DISAPPROVAL (if required)

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