

# COURTS OF FOUR SEASONS EXTERIOR ALTERATION APPLICATION

PLEASE MAIL TO: COURTS OF FOUR SEASONS HOA  
P.O. BOX 565  
Gambrills, MD 21054  
ATTN: AEC COMMITTEE (AECC)

or return in person to any Board or AECC member

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOT # \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

**REMINDER: This application does not exempt you from obtaining necessary Anne Arundel County permits.**

**COLOR** Roof \_\_\_\_\_ Shutters \_\_\_\_\_  
Door \_\_\_\_\_ Other \_\_\_\_\_

**DESCRIPTION OF CHANGES DESIRED:** (Give purpose and full details of alterations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU ARE YOUR OWN CONTRACTOR, CHECK HERE \_\_\_\_\_

IF NOT, NAME OF CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**Attach paint chip, sample sketches, plot plan and/or architectural drawings as necessary**

1. Exterior alterations commenced without prior written approval of the AECC are at the applicant's own risk.
2. The owner of the property referred to in this application also understands that unauthorized use of open space is prohibited. Contractors and/or residents are responsible for damage done to open space resulting from the storage of material, delivery of material, construction, etc.
3. Work as expressed on the Exterior Alteration Application must begin within 180 days and be completed within one year after approval by the AECC. Failure to complete the work within the prescribed period of time may cause the approval to be rescinded and resubmittal will be required.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Property owner)

-----FOR AECC USE ONLY-----

RECOMMENDATIONS AND ACTIONS

APPLICATION IS:

APPROVED AS SUBMITTED ( )                      POSTPONED WITH REASON ( )

APPROVED WITH PROVISIONS ( )                      DENIED WITH REASON ( )

APPROVED AS EXCEPTION TO GUIDELINE ( )

COMMENTS:

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Chairperson of AECC) (Date of Review)

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**IF YOU DISAGREE WITH THIS DECISION, A WRITTEN APPEAL MAY BE MADE WITHIN TEN (10) DAYS OF THE RECEIPT OF THIS NOTICE. SEND APPEAL TO THE BOARD OF DIRECTORS.**

Comments

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Signature \_\_\_\_\_ Date \_\_\_\_\_

-----BOARD OF DIRECTORS USE ONLY-----

APPEAL IS:    APPROVED ( )                      DISAPPROVED ( )

COMMENTS: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_