

**BLACKBURN VILLAGE HOMEOWNERS ASSOCIATION  
ARCHITECTURAL IMPROVEMENT REQUEST FORM**

Return To: Architectural Review Board  
C/O Chambers Management Inc.  
12051 Tech Road, Suite B  
Silver Spring, Maryland 20904-1999  
(301) 680-0700 Office  
(301) 625-0438 Fax  
admin@chambersmanagementinc.com

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Proposed Improvement:

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

Applicant must submit with the application the following items:

1. Site plan showing size, shape and location of improvement to residence and to adjoining properties (including specific dimension of improvement and distances to adjoining properties).
2. Manufacture's brochure, if available.
3. Color samples, if applicable.
4. Architectural plans/drawings (for major additions/improvements).
5. Grading plan, if applicable.
6. Detailed written description of improvement (If not provided application will be return pending additional information).

Applicant hereby warrants that Applicant shall assume full responsibility for:

1. All landscaping, grading and/or drainage issues relating to the improvements (including replacing bonds or escrows posted by Developer currently in place affecting the lot);
2. Obtaining all required city, Town or County approvals relating to said improvements;
3. Complying with all applicable city, Town or County ordinances;
4. Any damage to adjoining property (including common area) or injury to third persons associated with the improvement.
5. Applicant hereby states that they have read the ACC guidelines and agree that all work performed will be in compliance with those guidelines.

6. This construction must begin within six months and be completed within two months of the date of commencement.
7. All changes must be made entirely within the homeowner's property lines.
8. The homeowner is responsible for proper upkeep of the addition/change.
9. Please contact "Miss Utility" at 800-257-7777 prior to any digging.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**ARCHITECTURAL CONTROL COMMITTEE RESPONSE (COMMITTEE USE ONLY)**

Date Application Received: \_\_\_\_\_ Date Application Sent To Committee: \_\_\_\_\_

Request approved as submitted.

Request approved subject to: \_\_\_\_\_

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

Response suspended pending submission of: \_\_\_\_\_

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

Request disapproved because: \_\_\_\_\_

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

\_\_\_\_\_  
Signature - ARB Member

\_\_\_\_\_  
Date