BAY COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC. APPLICATION FOR REVIEW OF ARCHITECTURAL PLANS

PLEASE COMPLETE ALL INFORMATION BELOW	
Name (Homeowner):	
Street Address:	Lot No
Home Phone:	Work Phone:
Description and Purpose of Proposed Im	provements and/or Changes:
Attach one set of plans (including a copy of your property plat) giving as much detail as possible. (Please refer to Community Covenants and/or Guidelines as necessary).	
Has your property been surveyed recentl	ly? □ Yes □ No
I, the Applicant and/or Owner, underst	tand:
 That the applicant/owner is aware of 	the covenants of this community;
 That the applicant/owner assumes fu pletion of all construction and/or imp 	Il responsibility for the preparation and com- provements;
	hanges commenced without prior written Committee run the risk of incurring cost of tion;
Building Code and that necessary uti	es must also meet the Anne Arundel County lity companies are contacted before any dig- owner is responsible for obtaining all neces-
 That the Architectural Control Commreview all applications. 	ittee has 45 calendar days from receipt to
OWNER AND/OR APPLICANT'S SIGNAT	TURE(S)
OWNER SIGNATURE	CO-OWNER SIGNATURE
Data	

PLEASE MAIL APPLICATION TO: