

Hickory Nut of Wildewood Association, Inc.
www.hnowa.org

Architectural Change Application

STEP 1 - PROVIDE YOUR CONTACT INFORMATION

Name: _____ Date: _____

Mailing Address: _____

Phone No.: _____ Email Address: _____

STEP 2 – IDENTIFY YOUR PROPERTY

Lot No.: _____ Street No. (if different from mailing address): _____

STEP 3 – REVIEW THE ARCHITECTURAL REVIEW PROCEDURES AND REGULATIONS

The Architectural Review Procedures and Regulations can be found on the “Download” page of our website at www.hnowa.org

STEP 4 - PROVIDE YOUR WORK DETAILS

Provide a detailed description of the work to be performed. Check if additional sheets are attached

For landscaping (including tree removal or significant pruning) provide:

- Copy of your plat or other site plan showing the location of proposed changes.

For a deck, patio, play set, pool, hot tub, outbuilding, siding/roofing change, addition, etc. provide:

- Copy of your plat or other site plan showing the location of proposed changes.
- Architectural plan and elevation drawings or a scaled sketch showing a plan and elevation view of the proposed changes.
- Description and/or sample of exterior surface materials and colors to be used.

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STEP 5 - SUBMIT YOUR APPLICATION

Mail your application package to: Hickory Nut of Wildewood Association, Inc., Attention Architectural Change Committee, 44300 Poplar Wood Drive, California, Maryland 20619 or,

E-mail a scanned copy of your application package to: directors1@hnowa.org or,

Bring your application package to the next Board meeting. Check the "Calendar" page on our website at www.hnowa.org for the next meeting.

STEP 6 – REVIEW

The Architectural Review Committee will review your application package and contact you if necessary for any clarification or additional documentation.

STEP 7 – APPROVAL

The Architectural Review Committee Chairperson will forward your application to the Board of Directors with the committee's approval, approval with conditions or disapproval. The Board may overturn the decision of the Architectural Review Committee.

Date Application Received: _____		Approve	Approve w/cond	Disapprove
Architectural Review Committee Chairperson				
Signature:	Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Member				
Signature:	Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Member				
Signature:	Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Member				
Signature:	Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President				
Signature:	Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 8 – RETURN

Your application will be returned to you by the Architectural Review Committee Chairperson within thirty (30) days of receipt. Applications that have not been acted upon within thirty (30) days are considered approved.