

**JENNIFER WOODS HOMEOWNERS' ASSOCIATION**  
**APPLICATION FOR EXTERIOR ADDITION/ALTERATION/MODIFICATION**

**NAME:** \_\_\_\_\_

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

**HOME PHONE:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**WORK/CELL PHONE:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Provide a description of the alteration and include a description of materials, colors, design, plans, specifications, etc., to be used in the project. Attach additional sheets if required. Attach two copies of the plans/drawings and plat. Send two copies of this completed form to the JWHOA Board. One copy of all documents will be returned to you and the Association will maintain the other copy on file.

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**Estimated Completion Date:** \_\_\_\_\_

By my signature, I represent that:

I have completed this application in good faith and state that it accurately represents exterior alterations that I propose to make to my property.

I understand that most structural improvements, including but not limited to additions, decks, fireplaces, enclosures, pools, porches and wood stoves require a Charles County Building permit but that fences and cosmetic improvements typically do not. I further understand that it is my responsibility to obtain any and all required permits from the appropriate agencies and to provide a copy of the final inspection/completion report to the JWHOA Board.

I understand that approval of this application does not permit me to violate any provisions of the protective covenants of the Jennifer Woods Homeowners Association or of the building zone codes of Charles County. Further, I understand that nothing in this application or its approval will be considered as a waiver of any of these restrictions.

I understand that any construction or exterior alteration taken by me or on my behalf prior to approval of this application is strictly at my own risk, and that I may be required to return the property to its former condition at my own expense if the application is disapproved wholly or in part, and that I may be required to pay legal expenses incurred.

I understand that representatives of the reviewing bodies are permitted to enter upon my property at any reasonable time for the purpose of inspecting the alterations or modifications and that such entry does not constitute trespass.

I understand that if the JWHOA Board fail to approve or disapprove my application within 45 days that I may consider the application approved. I further understand that I am not, at any time, permitted to violate any provisions of the Jennifer Woods Homeowners Association Protective Covenants or of the building zone codes of Charles County. Further, I understand that nothing in this application or its approval will be considered as a waiver of any of these restrictions.

I understand that the working area must be maintained in a neat and clean condition and that at the end of the workday, all materials and equipment will be stored/contained to prevent trash from encroaching on other properties or displaying an unsightly appearance.

SHOW and EXPLAIN your application to ALL affected neighbors. Obtain signatures (below) from those who are most affected (Attach additional sheets if required).

**NOTE TO NEIGHBORS:**

**Your signature below only indicates that you are aware of the alterations or modifications and will not be interpreted as agreeing /disagreeing with the nature of the request. You have the right to advise the HOA of any questions or concerns in regards to this request in writing by sending an email to the HOA email address, board@jwhoa.org, within 7 days from the date of your signature on the application.**

Neighbor's Name:	Neighbor's Name:
Address:	Address:
Phone #:	Phone #:
Date:	Date:
Signature:	Signature:

Neighbor's Name:	Neighbor's Name:
Address:	Address:
Phone #:	Phone #:
Date:	Date:
Signature:	Signature:

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board Action:** *Approved/Disapproved*

If approved, the expiration date for this approval is: \_\_\_\_\_.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the JWHOA Board, Signature: \_\_\_\_\_ Date: \_\_\_\_\_