## TRENT HALL HOMEOWNERS ASSOCIATION, INC.

POST OFFICE BOX 44504 Fort Washington, MD 20749 240-354-1366 ourcommunity@trenthallhoa.com

## APPLICATION FOR APPROVAL OF ARCHITECTURAL IMPROVEMENT OR MODIFICATION

Date:				
Name of Applicant (Owner): _				
Property Address:				
Telephone Number:		Em	ail:	
Request for:		Preliminary App	oroval	☐ Final Approval
The undersigned owner/s her to the above-mentioned prop		t approval of the	e architectur	al improvements or modificat
Description of Improvemen	t or Modific	cation:		
Project Start Date:		Project End	Date:	
Contractor Information:				
Contractor's Name:				
Telephone Number:	Email:			
Specific plans for improver	nent and/or	modifications	s are:	
□ At	tached		□ Not a	attached
Signature of Owner/s:				