

# The Gables at Lawyers Hill (GALH)

## Architectural Approval Form



Please complete this application for all exterior projects including updates with changes and updates with no changes.

This box is for HOA use.

Scan and email the completed form and attachments to: [ArchComm@thegablesinfo.com](mailto:ArchComm@thegablesinfo.com). If you do not have scanning capabilities, please email to arrange delivery in person.

**NOTICE:** Please allow 30 days for the Architectural Committee to review your request and return its decision to you. Do not begin work until you have received written approval. If you have not received a response, please contact us again as your request or the response may have been misdirected.

GALH is a Homeowners Association (HOA) community. There are regulations in the Covenants and Guidelines for the exteriors of our properties that help maintain the upkeep and look of our homes and neighborhood. By obtaining pre-approval using this form, you help establish that your project is allowed and will not need to be altered after the fact or returned to the former condition.

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Submitted By (homeowners): \_\_\_\_\_

Address (# & street): \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

### Description of desired work

Give full details as required by the GALH Architectural Guidelines including colors and materials to be used. Please attach samples and names/numbers of colors or items. If the work is structural – such as fencing, garage, deck, etc. – attach a sketch or architectural plan along with a copy of your site plan clearly indicating the location and dimensions of the proposed structure. Include photos and images when helpful to explain the desired updates.

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### Acknowledgement of affected and adjacent property owners

Please discuss this project with your neighbors and acquire signatures from at least two households; more are appreciated. Signatures indicate that you have discussed the proposed changes with affected neighbors. Signatures do not indicate approve or disapproval. Instead, objections may be emailed to [ArchComm@thegablesinfo.com](mailto:ArchComm@thegablesinfo.com).

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address (# & street): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address (# & street): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address (# & street): \_\_\_\_\_

**NOTE:**

No proposed property alteration shall violate any of the GALH Protective Covenants nor any of the provisions of Building and Zoning Codes of Howard County. It is the Homeowner's responsibility to ensure compliance with all applicable restrictions defined by Howard Country Building Codes prior to commencing alterations.

**Statement of Homeowners**

I understand that representatives of the GALH Architectural Committee are permitted by the Covenants to enter the exterior area of my property to review any proposed alterations, and that this will not constitute a trespass. The Committee will notify me at least 48 hours in advance before such entry. I also understand that the Covenants require that I obtain the Committee's formal approval before commencing any alterations.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Response from the GALH Architectural Committee**

\_\_\_\_\_ **Request approved as submitted.**

\_\_\_\_\_ **Request approved with the following provisions:**

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

Reasons for provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Request denied for the following reasons:**

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

You may contact the Architectural Committee at [ArchComm@thegablesinfo.com](mailto:ArchComm@thegablesinfo.com) to discuss this response or make an appeal. While the GALH Board does not handle architectural approvals, you may contact the Board with concerns or suggestions at [GablesBoard@thegablesinfo.com](mailto:GablesBoard@thegablesinfo.com).

**Architectural Committee Chair**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_