

# LONG REACH IN-HOME PROFESSION OR INDUSTRY APPLICATION

**Please mail or deliver to:**

Resident Architectural Committee  
Long Reach Community Association  
8775 Cloudleap Court  
Columbia MD 21045

Phone: 410/730-8113  
or 301/596-3265  
FAX: 410/730-5882

**Questions may be directed to the Village Covenant Advisor**

In accordance with the Declaration of Easements and Restrictions, referred to in the deed covering the property described below and note #1 of this application, I/we hereby apply for specific written approval of the Architectural Committee to conduct a profession or home industry in or on a part of a lot or in an improvement upon the property as described herein and as described in Section 11.02 of the Village Covenants.

*(Please type or print in black ink.)*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ (work) \_\_\_\_\_ (home) LOT NUMBER \_\_\_\_\_

Purpose and description of profession or home industry: \_\_\_\_\_

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

Will a truck or other vehicle be used? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Type of dwelling or improvement: \_\_\_\_\_  
*(Example: single family residence, townhouse, apartment)*

Will applicant's telephone number be listed in yellow pages of telephone directory or other commercial directory? Yes \_\_\_\_\_ No \_\_\_\_\_

Are related materials to be stored on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

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

Describe nature of parking requirements necessary to conduct profession or home industry and how parking requirements will be met:

Nature and frequency of deliveries required: \_\_\_\_\_

Maximum number of people at any one time: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Start-up date requested: \_\_\_\_\_

1. Nothing herein contained shall be construed as a waiver or modification of any of the restrictive covenants nor any of the provisions of state or Howard County ordinances or regulations. (County approval may also be required - call Howard County Clerk of the Courts.)
2. A separate application must be made for each profession or home industry.
3. I understand and agree that the profession or home industry will not be /conducted until specific written approval of the Architectural Committee is given.
4. Approval is not transferable.

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
PROPRIETOR'S SIGNATURE

**ACKNOWLEDGMENT OF ADJACENT PROPERTY OWNERS**

**(Signatures are required.)**

This acknowledgment indicates an awareness of the intent and does not constitute or indicate approval or disapproval. Contact the Long Reach Architectural Committee within five (5) days if you wish to comment on this application.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

**TOWNHOUSE/CONDOMINIUM/APARTMENT NAME**

Association Approval/Disapproval \_\_\_\_\_

*(Signature of officer, date and phone number)*

Comments \_\_\_\_\_

**RESIDENT ARCHITECTURAL COMMITTEE**

**ARCHITECTURAL COMMITTEE REVIEW**

Recommended Action \_\_\_\_\_ Action \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_ Remarks \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_