



- REQUEST FOR APPROVAL -

CHECK ONE: **ARCHITECTURAL** **LANDSCAPE**

Name of Applicant: _____ Date: _____

Address: _____

Telephone: (H/C) _____ (Email) _____

Description of Proposed Change or Modification to the homeowners unit and/or limited common area:

Reason for Proposed Change or Modification:

A SKETCH OF THE PROPOSED ALTERATION MUST BE DRAWN TO SCALE ON A SEPARATE PIECE OF PAPER, NOT LESS THAN 8-1/2" X 11", WITH ALL PERTINENT DIMENSIONS NOTED. ALSO, PLEASE SUBMIT A COPY OF YOUR CONTRACTOR PROPOSAL, INCLUDING PROOF OF INSURANCE. ALL REPLACEMENTS MUST BE THE SAME IN APPEARANCE, FORM & FUNCTION.

Homeowner Signature: _____ Date: _____

Homeowner Signature: _____ Date: _____

FOLLOWING APPROVAL BY THE ASSOCIATION, HOMEOWNER(S) IS RESPONSIBLE FOR OBTAINING ANY APPLICABLE PERMITS FROM DOYLESTOWN TOWNSHIP, 215-348-9915. APPROVALS ARE ONLY VALID FOR SIX MONTHS FROM THE DATE OF ASSOCIATION APPROVAL.

Return To:
975 Easton Road, Suite 102, Warrington, PA 18976 or
FAX: 215-491-5620 or m.klein@cpm975.com

ASSOCIATION AUTHORIZATION (for Association use only):

Approval of the request is granted with the following conditions:

Request for approval is denied for the following reasons:

Authorized Signature: _____ Date: _____