



- REQUEST FOR APPROVAL -

CHECK ONE:

( ) ARCHITECTURAL

( ) LANDSCAPE

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Signature: \_\_\_\_\_

Description of Proposed Change or Modification:

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

Reason for Proposed Change or Modification:

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

**ALL EXTERIOR CHANGES REQUIRE ADVANCE APPROVAL.** 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 A COPY OF YOUR CONTRACTORS PROPOSAL MUST ACCOMPANY THIS REQUEST.

( ) Approval of the request is granted with the following conditions:

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

( ) Request for approval is denied for the following reasons:

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

**COMMITTEE AUTHORIZATION:**

Authorized Signature

Date

\_\_\_\_\_

**FOLLOWING APPROVAL BY THE ARCHITECTURAL REVIEW COMMITTEE OR LANDSCAPE COMMITTEE, THE HOMEOWNERS ARE RESPONSIBLE FOR OBTAINING ANY APPLICABLE PERMITS FROM MIDDLETOWN TOWNSHIP, PHONE # 215/750-3800.**

NOTE: Completed form to be returned to the Association by FAX: 215/343-4409 or mail to the address listed below.