



- 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 NORTHAMPTON TOWNSHIP, PHONE #: 215/355-3883.

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