



- REQUEST FOR APPROVAL -

CHECK ONE: ARCHITECTURAL LANDSCAPE

Name of Applicant: _____ Date: _____

Address: _____

Telephone: _____ Signature: _____

Description of and Reason for Proposed Change or Modification:

ALL EXTERIOR CHANGES REQUIRE ADVANCED APPROVAL. *Please include a diagram of the proposed alteration including dimensions on a separate paper along with a copy of your contractor's proposal, when applicable. Contact Continental Property Management for current material specifications, if applicable.*

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 ASSOCIATION'S BOARD OR LANDSCAPE COMMITTEE, HOMEOWNERS ARE RESPONSIBLE FOR OBTAINING ANY APPLICABLE PERMITS FROM DOYLESTOWN TOWNSHIP.