

MEADOWS AT WALNUT BANK FARM CONDIMINIUM ASSOCIATION

CHANGE REQUEST FORM

Name of Applicant:

Date:

Address:

Telephone : (Home)

(Cell)

*\*Please note that the board has **thirty days** to respond to your request\**

Description of Proposed Change or Modification

Reason for Proposed Change or Modification

*\*A SKETCH (IF NEEDED) OR BROCHURE (IF WINDOWS OR DOOR) OF THE PROPOSED ALTERATIONS MUST BE DRAWN TO SCALE ON A SEPARATE PIECE OF PAPER NOT LESS THAN 8 1/2" X 11" WITH ALL PERTINENT DIMENSIONS NOTED.\**

Approval of the Request is Granted with the Following Conditions:

Request for Approval is Denied for the Following Reasons:

Board of Directors Authorized Signature:

Date:

*\*FOLLOWING REVIEW BY AND APPROVAL OF THE BOARD OF DIRECTORS, THE HOMEOWNER IS RESPONSIBLE FOR OBTAINING ANY APPLICABLE PERMITS FROM RICHLAND TOWNSHIP ZONING OFFICE\**

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