

**MEADOWS AT WALNUT BANK FARM CONDOMINIUM 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 Changes 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.

Mail to: MEADOWS AT WALNUT BANK FARM CONDOMINIUM ASSOCIATION
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Email: l.payne@cpm975.com

Fax: (215) 491-5620