

COMMUNITY: _____

CHANGE REQUEST FORM

Name of Applicant: _____ Date: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Please note that the Board has thirty (30) days to respond to your request.

Description of Proposed Change or Modification:

A SKETCH 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 UNIT OWNER IS RESPONSIBLE FOR OBTAINING ANY APPLICABLE PERMITS FROM PLUMSTEAD TOWNSHIP.

Mail to:

2655 PHILMONT AVE; SUITE 100
HUNTINGDON VALLEY, PA 19006