

HANOVER POINTE

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: _____

DO NOT START WORK ON THE PROJECT UNTIL YOU RECEIVE APPROVAL FROM THE BOARD OF DIRECTORS

FOLLOWING REVIEW BY AND APPROVAL OF THE BOARD OF DIRECTORS, THE UNIT OWNER IS RESPONSIBLE FOR OBTAINING ANY APPLICABLE PERMITS FROM New Hanover Township

Mail to:

**2655 PHILMONT AVE; SUITE 100
HUNTINGDON VALLEY, PA 19006**