

CHANGE REQUEST FORM

	Date:		
Name:		ge Requested to:	
Address:	Priva	or Deck te Yard	
Telephone:	Exter	scapingior ior I Name of	
Description of Change:	Your	Unit	
Attach pictures, catalog cuts, color sample the requested improvement. Please also s shrubbery planting beds. Owner must r property, and owner will repair any dama manner. Owner will be responsible for repa	specify the size, typ notify neighbors if ges to a neighbor's	oe and number of p project will interfer property to its orig	vieces for trees and/or e with the neighbor's ginal state in a timely
Anticipated start and finish dates: Start	Fi	nish	
Submission of this form and its approval or obligation to abide by all Township ordinal there will be a site visit by Landscape or Arc	nces and permit red	quirements. Owner	
Owner's Signature		Owner's Signature	
*** If this request is denied by the Commi of Directors. ***	ittee, the homeowne	er will have the right	to appeal to the Board
COMMITTEE ACTION:	DATE:	INITIALS:	Сомміттее:
Recommended			
Not Recommended			
Board Approved			

COMMENTS:

Fax: 215-491-5620