



### **ARCHITECTURAL CHANGE FORM**

***(This form must be submitted at least thirty (30) days before work is scheduled to begin)***

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Attach pictures, catalog cut, color sample and drawing as required for the Directors to properly evaluate this change (see Rules and Regulations for details). **MUST INCLUDE A DIAGRAM OF THE LOCATION OF THE CHANGE AS IT RELATES TO BUILDINGS AND PROPERTY LINES, WITH DIMENSIONS.**

**Description of Proposed Change (Submit Additional Pages as Necessary):**

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Anticipated Start/Finish dates:                      Start \_\_\_\_\_ Finish \_\_\_\_\_

I/We, the Unit Owner(s) have read and understand the Chestnut Grove Condominium Association as they pertain to this request and have reviewed the specifications to assure that they meet the guidelines.

If approved changes are not completed within 120 days of approval, a new request must be submitted. Submission of this form and its approval or disapproval by the Council does not replace the resident's obligation to abide by all local ordinances and permit requirements. I understand that if I proceed with the above work before I receive written approval from the Board that I may be required to restore the change to its original condition at my expense.

\_\_\_\_\_  
Owner(s) Signature

DATE: \_\_\_\_\_

**DECISION:**

**Recommended** \_\_\_\_\_

**Not Recommended** \_\_\_\_\_

**Approved as Noted** \_\_\_\_\_

**COMMENTS OR CONDITIONAL APPROVAL:**

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Return to: CHESTNUT GROVE CONDOMINIUM ASSOCIATION

975 Easton Road • Suite 102 • Warrington, PA 18976 • 215-343-1550

www.chestnutgrove.info  
Fax: 215-491-5620