

**ARCHITECTURAL REQUEST FORM
RAINTREE COMMUNITY ASSOCIATION**

A VENDOR QUOTE/PROPOSAL OR SKETCH OF ALL PROPOSED ALTERATIONS DRAWN TO SCALE ON A SEPARATE PAGE (NOT LESS THAN 8- 1/2" X 11") WITH ALL PERTINENT DIMENSIONS NOTED IS REQUIRED. PICTURES WELCOME.

Name of Applicant: _____ Date: _____

Address: _____ Email: _____

Telephone: (Day) _____ (Evening) _____

Description of Proposed Change or Modification:

Reason for Proposed Change or Modification.

Will you need to utilize a POD for storage? _____ . If Yes, for how long? _____

Will you need a dumpster or waste bag? _____ . If Yes, for how long? _____

Applicant's Signature: _____

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 NEWTOWN TOWNSHIP. APPROVAL EXPIRES 12 MONTHS AFTER IT IS GRANTED.

Mail to: RAINTREE COMMUNITY ASSOCIATION
975 Easton Road, Suite 102, Warrington, PA 18976

Email to: t.martusus@cpm975.com