

ARCHITECTURAL CHANGE REQUEST FORM (Revised: 29Sep2026)

Property Address: _____

Property Owner's Contact Information:

Printed Name _____ Phone Number _____

Email Address _____

Type of Improvement:

☐ Roof

☐ Satellite Dish

☐

☐ Fence (Per Covenant Restrictions)

☐ Window Replacement ☐ Vinyl Replacement

Any Exterior Door

☐ Skylight

☐

Walkway

☐ Patio

☐ Other

_____

_____

_____

_____

_____

_____

Contractor's Information:

Company Name _____ Phone Number: _____

Email Address _____

Additional Information:

- Provide a description of the project, including as much detail as possible.
  - Materials used, style, color, and other pertinent information.
- Provide a sketch of the change or an advertisement.
  - The change must be drawn on a copy of your property survey (Plat) or
  - Sketch the plat to include:
    - Dimensions of the change
    - Proximity to the home or property line
- Deed setbacks on the plat must be observed.
- Submission of requests for projects in the rear of your home when your home is not an end unit requires these additional steps. Failure to include the following information in writing with your submission will result in an automatic denial of your request.
  - Confirm with the contractor(s) what type(s) of equipment will be used and that the equipment has the capability to safely access the rear of your home.
  - Obtain approval from your affected neighboring Owners (tenants may not provide approval) for the contractor(s) to cross their property or properties in order to access the project site.

MEADOWS GREEN HOMEOWNERS ASSOCIATION

PROVIDE ON THE LINES BELOW A BRIEF DESCRIPTION OF THE ARCHITECTURAL CHANGE REQUEST

_____

_____

_____

_____

- I understand approval does not relieve me of the responsibility for obtaining any and all necessary and/or required building permits.
- I understand all variances and local zoning ordinances from Southampton Township or Shippensburg Township, as applicable, must be observed.
- I understand, if approved, I agree to make the changes under the terms and conditions as specified in the Approval.
- I understand all improvements must be on my property or within my property lines.
- If any portion of the Association's property is disturbed or damaged by my contractor(s) or by me, I agree to be responsible for restoring the Common Elements to their original undisturbed or undamaged condition(s).

Approved changes must be completed within one year of the Approval date.

The change request will be reviewed by the Architectural Control Committee at the first HOA Board meeting following the request.

Estimated Project Start Date: _____ Estimated Project Completion Date: _____

NOTE: You are required to check with Southampton or Shippensburg Township, as applicable, for permits or inspections required before work begins. **You are also required to "Call Before You Dig – 811."** *"Homeowners and contractors must call 8-1-1 at least three (3) business days before starting any digging or excavation project, as required by law."* See https://www.puc.pa.gov/pipeline-safety/pa-one-call/.

Copy of all permits must be provided to the Architectural Control Committee (ACC).

Property Owner's Preferred Meeting Dates/Times

Best dates/times to meet BEFORE Board review: _____

Best dates/times to meet AFTER Board review: _____

Please sign, date, and return both pages of this completed form to Leslie Behler either via hand delivery, email, or U.S. Mail. The original of this completed form, along with the originals of all corresponding documentation for this request, will be provided to the Managing Agent for their records. Copies will be retained by the ACC as well as provided to the submitting Property Owner.

Architectural Control Committee Member: Leslie Behler
Email: lesliebehler35@gmail.com
Leslie's Behler's phone: 610.570.7666
115 Blackbird Lane
Shippensburg, PA 17257

Property Owner's Signature: _____ Dated Signed: _____