MEADOWS GREEN HOMEOWNERS ASSOCIATION

Architectural Change Request Form

Property Address: _____

Contact information:

Name _____ Phone Number _____

Email Address _____

Type of Improvement:

☐ Roof ☐ Any Exterior Door ☐ Walkway

☐ Satellite Dish ☐ Skylight ☐ Patio

☐ Fence (Per Covenant Restrictions)

☐ Window Replacement ☐ Driveway Extension

☐ **Other**

_____

_____

_____

_____

Contractor's Information:

Company Name _____ Phone Number _____

Email Address_____

Additional Information

- Provide a description of the project, include as much detail as possible.
  - Materials used, style, color and other pertinent information.
- Provide a sketch of the change or 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.
- Deeded setbacks on the plat must be observed.

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

The change request will be reviewed at the first HOA board meeting following the request.

Estimated Start Date _____ Estimated project completion date _____

MEADOWS GREEN HOMEOWNERS ASSOCIATION

Description of Change

_____

_____

_____

_____

_____

- I understand that the approval does not relieve me of the responsibility for obtaining any and all necessary building permits.
- Variances and/or observing all local zoning ordinance from the Southampton or Shippensburg Township.
- If approved, I agree to make the changes under the terms and conditions as specified in the letter of approval.
- All improvements must be on my property or property lines.
- If any portion of the Association's property is disturbed or damaged by either my contractor or myself then I agree to be responsible to restore the common elements to their original condition(s).

NOTE: Check with Southampton or Shippensburg Township for permits or inspections required before work begins.

Copy of all permits must be provided to the HOA Board via Clavis property Management.

Return to Clavis Property Management, email: khullclavispm@gmail.com Phone 717.516.1073, 717 ~~Market St, Suite 108 Lemoyne, PA 17043~~
3448 Trindle Road, Camp Hill, PA 17011

Property Owner's Signature _____ Date _____

☐ Approved ☐ Declined Date _____

ARCHITECTURAL REVIEW BOARD APPROVAL DOCUMENT

Project Name: _____

Project Address: _____

Applicant Name: _____ Date of Submission: _____

Board Review Decision: Each board member is requested to review the proposed project and indicate their decision by signing below. If denied, a reason must be provided.

Board Member's Printed Name	Approve (✓)	Deny (✖)	Board Member's Signature	Date Signed	Reason for Denial (if applicable)
Michael Atkinson					
John Eger					
Cynthia Marty					
Craig Sears					

NOTE: APPROVAL BY THE HOA BOARD IS CONTINGENT UPON THE HOMEOWNER OR CONTRACTOR GETTING THE FOLLOWING, APPLICABLE TOWNSHIP PERMITS:

1a) SOUTHAMPTON TOWNSHIP LAND USE PERMIT	1b) SHIPPENSBURG TOWNSHIP LAND USE PERMIT
2a) SOUTHAMPTON TOWNSHIP BUILDING PERMIT	2b) SHIPPENSBURG TOWNSHIP BUILDING PERMIT

Additional Comments: _____

_____

Final Decision (Majority Approval Needed): ☐ Approved ☐ Denied

HOA Board Approval Date: _____