



**ARCHITECTURAL/ LANDSCAPE REQUEST FORM**

**COMMUNITY NAME:** \_\_\_\_\_

*(Please insert your Community's name)*

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

ADDRESS: \_\_\_\_\_ PHONE (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please state as concisely as possible the nature of the request to be reviewed by the Architectural or Landscape Control Committee. Please refer to the attached Guidelines when submitting your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plans with exact dimensions must be submitted with this form. If more space is needed please type on a separate page.**

**Contractor(s) must submit an insurance certificate of liability, Certificate Holder must contain the owner name and address. THE CERTIFICATE MUST BE ATTACHED TO THIS FORM. Contractor(s) will be responsible for any damage to neighboring properties, common area, wires, etc.**

As the Owner of \_\_\_\_\_, I/We agree to be totally responsible for the entire installation, maintenance and upkeep (replacement, insurance, etc.) for the above request, if approved. I/We understand that no work will begin until written approval is received from the Architectural or Landscape Control Committee. This agreement will be made part of any agreement of sale that I/We enter into for the above-mentioned unit.

Signature(s): \_\_\_\_\_

**\*Neighbors' Acknowledgments**

(1) \_\_\_\_\_ (UNIT #)                      (2) \_\_\_\_\_ (UNIT #)

(\*The signatures of neighbors do not imply either approval or disapproval, merely that they have been informed of the request by the Homeowner. They may obtain a copy of the request and plan from the Managing Agent. Any homeowner wishing to comment on the request may do so in writing, forwarding comments to the Managing Agent as soon as possible prior to scheduled Committee or Board Meetings.)

**NOTE: APPROVAL BY THE \_\_\_\_\_ ASSOCIATION IS LIMITED SOLELY TO THE VISUAL ASPECTS OF THE PROPOSED SUBMITTAL. COMPLIANCE WITH THE TOWNSHIP BUILDING CODE AND ZONING ORDINANCE, APPLICATION FOR REQUIRED PERMITS AND REVIEWS, AND THE CONSTRUCTIBILITY OF THE PROPOSED DESIGN IS THE RESPONSIBILITY OF THE HOMEOWNER.**

Committee Recommendation and Date: \_\_\_\_\_ Board Approval Required                      YES \_\_\_\_\_ NO \_\_\_\_\_  
Approved: \_\_\_\_\_ Date of Board Approval: \_\_\_\_\_  
Disapproved: \_\_\_\_\_ Owner Notified: \_\_\_\_\_

P .O. Box 1605, West Chester, PA 19380-1605  
P 610-431-3436 F 610-430-8160

**THIS FILLABLE FORM CAN BE EMAILED TO ARCH@SHEWMANAGEMENT.COM  
ALL INFORMATION MUST ACCOMPANY THIS FORM. IF ALL THE INFORMATION IS  
NOT INCLUDED YOUR REQUEST WILL NOT BE PROCESSED**



## **ARCHITECTURAL/LANDSCAPE REQUEST GUIDE**

***Please be sure to include what's listed below:***

- Contractor's Certificate of Insurance (Box marked 'Certificate Holder' (*bottom left corner*) **must** contain your name and address, not the contractor, association name or township)
- Neighbors' Signatures (Acknowledging your request)
- Specification of materials (Colors, types, etc.)
- Color Pictures (Siding, Windows, etc.)
- Description of area (Size, Dimensions, etc.)
- Diagram with measurements of area of proposed modification/addition
- Plot Plan of your lot showing location of modification/addition (May be obtained from your township)
- List species or types of trees/plants