

Brookside Community Association

CHECK ONE: () ARCHITECTURAL () LANDSCAPE

The Architectural Review Committee and the Board of Directors have the responsibility of reviewing and rendering decisions on applications submitted by HOMEOWNERS seeking to make changes to the exterior appearance of their lot and/or dwelling. This review is limited to consideration of the harmony and compatibility of design, and location and appearance of the proposed change in relation to surrounding structures and topography. Approval by the Committee/Board constitutes an approval only to the matters, as stated below in the description and reason for change or modification.

The Committee does not review or take responsibility for the structural integrity or quality of proposed changes. It is the responsibility of the HOMEOWNER (or their CONTRACTOR) to make certain the proposed changes are in compliance with any local, county or state requirements, and any applicable township or municipality permits obtained before construction (or changes) begin.

The Review Committee/Board will not honor applications submitted by renters without the written approval of the HOMEOWNER.

A sketch of the proposed change(s) must be drawn, as close to scale as possible, on a separate piece of paper, not less than 8 ½" x 11", with all pertinent dimensions noted, including the location of your change or modification in relation to your house's adjacent property lines. The sketch and a copy of your CONTRACTOR'S proposal must accompany this request.

No work will be permitted without the required advance approval of the Review Committee/Board. Fines and penalties, up to and including removal of unauthorized changes can be levied without proper approvals and permits.

DESCRIPTION OF PROPOSED CHANGE OR MODIFICATION:

REASON FOR PROPOSED CHANGE OR MODIFICATION:

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____ CELL : _____

EMAIL ADDRESS: _____

DATE: _____

SIGNATURE OF APPLICANT:

SIGNATURE OF HOMEOWNER:

Please **FAX** completed form to: 215-343-4409 OR mail to Brookside Community Association at address below.

COMMITTEE AUTHORIZATION:

Authorized Signature: _____ DATE: _____