**CHARLESTOWNE COMMUNITY ASSOCIATION**

c/o Associa Mid-Atlantic
555 Croton Road, Suite 400
King of Prussia, PA 19406

(484) 754-5728

Attention: Sherri Hogan 215 956 5178

**Architectural and Landscaping Request Form**

**From:** **Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone/E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state as concisely as possible the nature of the request to be considered. Include all proposed exterior additions and landscaping changes for which approval must be obtained. Cite any architectural guidelines, which will be relevant to the Board of Directors’ decision.

**Description and Specifications:**

* Shed request 🞏 Deck request 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Fence request 🞏 Poured Patio request 🞏 Exterior Architectural Change
* Home Addition request 🞏 Covered/Enclosed Porch request

🞏 **Submitted (a separate page) architectural plans and specifications of work to be completed.**

**Work to be completed by**: Self or Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Self or Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a contractor will be performing the work, his/her **Certificate of Liability Insurance** must be submitted as part of this request. The homeowner is responsible for the entire installation, maintenance, and upkeep (replacement, insurance, etc) for the above request. If approved, this request will be made part of any Agreement of Sale that I/we may enter into for the fore mentioned unit/property. If any local building permits are applicable, it will be my/our responsibility to secure those permits.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please mail to the Board’s address listed above)*