VGVWRA ARCHITECTURAL CHANGE REQUEST FORM

Date:			
Homeowner Name(s):			
Residing Address:			
Home Phone:	Cell Phone:	Email: _	
Property Address:	<u>.</u>		
Brief description of the request (please attach applicable drawings):			
Proposed Begin Date of Pro	ject:	End Date	:
MUST CHECK ONE:			
 () I have inquired with the N required for this proposed profile () I applied for a Newberry () I am submitting, along with Note: If a building permit is a drawings required. Otherwise materials for the project(s). 	ject. Township Building Perr th this request, a copy o required, you MUST al	mit, and I am awaitin of the approved build Iso submit with this	ng for approval. ding permit. <i>form a copy of applicable</i>
ASSOCIATION (VGVWRA),AN WHERE THE WORK AND/OJ UNKNOWN AT THE TIME (UNDERSTAND AND AGREE THAT DONOT COMPLY WITH UNDERSTAND/AGREE THAT,AT MADE TO MY PROPERTY. IUND	DAGREE TO ABIDE BY THI R CHANGES PROPOSED W DF SUBMITTING THIS FOR IAM SOLELY RESPONSIBL I MUNICIPAL CODES OR TH MY OWN SOLE EXPENSI ERSTAND THAT THE VGV	FTHE VILLAGE OF VA E SAME. I AGREE THA ILL RESULT IN DEFAU M) OF ANY VGVWRA (E FOR ANY WORK/CH HE VGVWRA GOVERN E, I MAY BE REQUIRED WRA BOARD, AGENTS	LLEY GREEN HOMEOWNERS T NO WORK WILL COMMENCE LT / VIOLATION (KNOWN OR GOVERNING DOCUMENTS. I ANGES MADE THAT ULTIMATELY ING DOCUMENTS, AND I TO UNDO THE WORK/CHANGES , OR PROPERTY MANAGER ONLY RA GOVERNING DOCUMENTS.

Print Name: _____

If mailing, please mail this request to: VGVWRA c/o PMI 1300 Market Street, P.O. Box 622 Lemoyne, PA 17043 (717) 730-4141