## The VILLAGES at TREWELLYN

## - REQUEST FOR APPROVAL -

CHECK ONE:	( ) ARCHITECTURAL	( ) LANDSCAPE
Name of Applicant:		Date:
Address:		
	Signature:	
Description of Proposed C	hange or Modification:	
Reason for Proposed Chan	ge or Modification:	
ALTERATION MUST BE DR	AWN TO SCALE ON A SEPARATE P TINENT DIMENSIONS NOTED. <u>ALS</u> ANY THIS REQUEST.	<b>AL</b> . A SKETCH OF THE PROPOSED IECE OF PAPER, NOT LESS THAN 8- 50 A COPY OF YOUR CONTRACTORS
( ) Approval of the reque	st is granted with the following con	
( ) Request for approval	is denied for the following reasons:	
BOARD AUTHORIZATIO Authorized Signature:	<u>N</u> :	
	Date_	
RESPONSIBLE FOR OB TOWNSHIP, PHONE #:_	L BY THE BOARD OF DIRECT TAINING ANY APPLICABLE PI	ransonatoria por en en contrato de la contrato del contrato del contrato de la contrato del la contrato de la contrato del la contrato de la