



COMMUNITY ASSOCIATION  
ARCHITECTURAL REVIEW REQUEST

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Lot No.: \_\_\_\_\_

Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

It is necessary to attach a diagram addressing elevation, dimension and location relative to the Lot as well as a sample of the proposed material to be used.

Description of Proposed Change:

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

Anticipated Dates: Start \_\_\_\_\_

Finish \_\_\_\_\_

Modifications must be completed within one hundred twenty (120) days or review or a new Request must be submitted.

\_\_\_\_\_  
Owner(s) Signature

**In no way does the granting of Summer Lea Community Association negate the necessity for obtaining permits as per Hilltown Township Ordinances.**

Decision:

Date: \_\_\_\_\_

Granted

Denied

Denied with Suggestion of  
Appeal upon Supplementation

\_\_\_\_\_  
Board of Director Signature