



**Forest Hills Townhomes  
Architectural Control Committee (ACC)**

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**Window Replacement Request Form**

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

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

Homeowner name and phone: \_\_\_\_\_

My windows are currently (check one)

- ☐ Original windows with/without (circle one) exterior storm windows
- ☐ Replacement windows in vinyl or wood
- ☐ Other (please explain) \_\_\_\_\_

**A. WINDOW REPLACEMENT:**

I request to replace \_\_\_\_\_ (number and location) windows as follows:

- Circle one:
  - i. Double hung windows (opens top and bottom)
  - ii. Single hung windows (fixed upper sash, only bottom panel opens)
  - iii. Combination (Please describe)

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

*Double hung windows are easily cleaned from the inside and may provide superior ventilation for upper floors. Single hung windows may make sense for selected windows that are rarely opened and/or easily accessible from the outside for cleaning. Both types of windows should appear the same from the street view.*

- Material (circle one)
  - i. Wood
  - ii. Vinyl
  - iii. Fiberglass
  - iv. Metal (provide details) \_\_\_\_\_
  - v. Combination (please explain) \_\_\_\_\_

- Color (circle one)
  - i. Ivory
  - ii. Cream
  - iii. Beige
  - iv. Light taupe
  - v. Other (Please specify) \_\_\_\_\_

**\*\*Please note that window frame color must harmonize with approved trim color and white window frames are only approved for homes with white trim.**

- Exterior wood around windows will (\_\_\_) or will not (\_\_\_) be replaced. (check one)
- Trim coil will (\_\_\_) or will not (\_\_\_) be used around window frames. (check one)
- Screens will be (circle one)
  - i. Single
  - ii. Double
- Window Manufacturer & Model (website may be provided): \_\_\_\_\_  
\_\_\_\_\_

**B. ACKNOWLEDGEMENTS:**

I understand that all window replacements in Forest Hills must have (initial all):

\_\_\_\_\_ Mullions or grids normally configured as 6 grids to the upper sash and 6 or 9 grids to the lower sash. Note any requested exceptions here:

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

\_\_\_\_\_ Clear glass without tints, films, or reflective coating

\_\_\_\_\_ Precise color match to existing windows if not all are to be replaced

**C. CONTRACTOR INFORMATION:**

- Company Name: \_\_\_\_\_
- Primary Contact & Phone Number: \_\_\_\_\_
- Certificate of Insurance has been requested and received (Initial) \_\_\_\_\_

**D. NOTIFICATIONS:**

- Immediate neighbors notified of planned work and expected start date (initial) \_\_\_\_\_

**ACC ACTION:**

\_\_\_\_\_ Window replacement approved as submitted.

\_\_\_\_\_ Approval held pending receipt of additional information from homeowner: