

## **Architectural Application**

Date Submitted	House Number
Date Received	Phone Number
Homeowner Name(s)	
Email Address	
Description of Exterior addition, change	ge or alteration
*Forms cannot be approved without a  Color	ifications showing the <u>nature</u> , <u>kind</u> , <u>shape</u> , <u>color</u> , <u>height</u> , and <u>location</u> . detailed description of materials being used for the project.
	<b>S</b>
Additional Information	
Homeowner(s) Signature(s)	
not completed within t	For six months from date of approval. If the above listed work is the six months another request must be presented.  W IS FOR OFFICE USE ONLY
Date By	APPROVED DISAPPROVED

Notwithstanding the foregoing, you shall not make any change, alteration or addition that would require a building permit in accordance with the Building and Sanitation Code of the Borough of Chester Heights without submitting an amended final plan and receiving approval from the Borough