



STONEFIELD MAINTENANCE CORPORATION
P.O. Box 316
Middletown, Delaware 19709

ARCHITECTURAL & LANDSCAPING REQUEST FORM

Homeowner's Name: _____
Home Phone: _____ Best time to reach you: _____
Work Phone: _____ Best time to reach you: _____
Address: _____

I plan on making the following alterations to my property: (please check all boxes that apply)

- Shed Deck
- Addition onto Home Pool
- Change in Siding or Shutter Color Fence
- Other. If Other, please describe (in detail) the proposed changes you would like to make.

Please be as concise as possible. Include all proposed exterior additions and landscaping changes for which approval must be obtained. If appropriate, refer to any architectural guidelines, which will be relevant to the Architectural Review Committee's decision.

If applicable to your proposed change, please include a color chip or material sample to show texture or color of alteration.

Name of Contractor performing work: _____
Contractor's Address: _____
Contractor's Phone: _____

Estimated Project Start Date: _____ Estimated Project Finish Date: _____

Once started, work is to be completed within a reasonable time.

Each contractor shall provide a certificate of insurance to be sent to Stonefield Maintenance Corp. before any work may begin. If any local building permits are applicable, it will be the homeowner/contractors responsibility to secure those permits.

If this request is authorized, the above described is the sole property of the lot owner requesting approval. The homeowner is responsible for the entire installation, maintenance and upkeep (replacement, insurance, etc.) for the above request. If approved, this request will be made a part of any agreement of sale that I/We may enter in to for the aforementioned lot.

Please note, if as a result of contractors equipment or vehicles, sidewalks are damaged it is the homeowner's responsibility to have them repaired.



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Using the box below, please, prepare a sketch showing the location of an addition (fence, deck, shed, pool, etc.) in relation to your home / property boundary.



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By signing this application, I understand that no work can begin on this project until receipt of written approval from the Architectural Committee has been received.

Homeowner Signature: _____ Date: _____

Homeowner Signature: _____ Date: _____

FOR COMMITTEE USE ONLY

Date Received: _____

Reviewed by: _____

Approved: YES NO

If not approved, state reason: _____

Notice Sent to homeowner

Date Notice was sent: _____