

**TYLER WALK HOMEOWNERS ASSOCIATION ARCHITECTURAL
AND PLANTING CHANGE REQUEST FORM**

Form and attachments must be submitted 45 days in advance of Board meeting. Submit via mail to: Continental Property Management, 975 Easton Road (Rt. 611), Suite 102, Warrington, PA 18976, Attention Carol Oliveira, 215-343-1550, or via E-mail to: c.oliveira@cpm975.com

Name _____
Address _____
Telephone _____ Cell phone: _____
E-Mail _____

Change Requested to: (Please check one)
Home Exterior: _____
Landscaping: _____
Patio/Deck: _____
Roofing: _____
Siding: _____
Windows:: _____
Painting: _____
Other: _____

Contractor _____
PA Reg. # _____ Twp Reg# _____
Address _____
Phone No. _____
E-Mail _____

Single Family _____
Townhome _____

Description of Change: _____

Anticipated Start and Finish Dates: Start _____, _____ Finish _____, _____

Emergency Y N Explain Emergency: _____

Homeowner's Signature: _____ Date: _____

By signing this form, the applicant is certifying that he/she is the owner or empowered by the owner of the property to make an application on their behalf, that the work to be performed is as stated in this application, and the work complies with all applicable Rules and Regulations of the Tyler Walk Homeowner's Association and Newtown Township.

I acknowledge my failure to comply with the requirements of the ACR may result in me being fined by the association and may require the removal of the unauthorized work.

Required Attachments: ACR requests will not be considered until all the following, as applicable, are received by the Property Manager. Additional attachments may be requested.

Proposal with detailed survey and drawing of work from proposed contractor	
Manufacturer name, item number, color code, of proposed materials	
Color sample	
Drawings of work to be done	
Name, species, of each proposed planting	
Pictures of area of property where work will be performed	
Copy of permit or permit submission to Township, if applicable.	
Copy of contractor's license and insurance information	
Copy of Homeowner's insurance declarations sheet	
Call One approval with start and end dates, if applicable	

FOR ASSOCIATION USE ONLY

ACR Submission Receipt Date	
Date of Property Manager Inspection	
Easements Located at Property	
Date of Submission to Board or Committee	
Committee/property Manager Recommendations	
Date of Approval/denial by Board	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Conditions of Approval/Comments	
Property Manager post inspection date and signature of property manager	
By: _____	Date: _____