

Meadowlake Homeowners Association

c/o E.M. Malone Service Company

P.O. Box

520

Meadow Lands, PA 15347

Attn. Board of Directors/Architectural Approval

phone: 724-225-2179; fax: 724-225-6991 e-mail: emmalone2@comcast.net

Mike Sinozich:724-494-1458; msinozich@aol.com

Form must be filled out in its entirety to be considered for approval. Once completed, form may be submitted via email, fax or sent by mail. No Alterations may begin until approval is granted.

Building or Grading Permits, if required, must be obtained by the local municipality upon approval. Copies of NST Permits shall be copied to the Board. (North Strabane Township # 724-745-8880)

Request for Architectural Review and Approval

Homeowner: _____

Street Address: _____ Washington, PA 15301

Washington County Parcel I.D. Number: _____

Telephone Numbers: Home - _____ Mobile - _____

E-Mail Address: _____

Date Submitted: _____

Type of addition/revision you are requesting (*i.e.* deck, porch, patio, fence, grading, shed, awning, etc.)

Location on property: Front Side Rear Other (Provide description below)

Will the addition/revision be visible from the front of home: Yes No

If yes, please explain: _____

Size: _____

Materials to be used: _____

Effect on Existing Area: (Explain if any elements will be removed)

____ Attach a sketch, drawing, and/or photos of location in relationship to house showing all existing elements, including shrubs and porches in solid lines and proposed alterations in dotted lines. Include the first three feet of your neighbors' homes and yard drawing. Show distance from nearest elements to proposed additions or alterations.

____ Attach structural plans/drawing for all structural additions (i.e. decks, porches, patios, fences, major landscaping projects, grading, drainage, utility rights-of-way or easements, etc.)

____ Include Boundary Survey or Plan of Property

____ Attach photos of the materials to be used.

Expected Starting Date: _____ Completion Date: _____

Additional Notes: _____

Contractor Contact Information (If used):

Name: _____ Address: _____

Phone: _____ email: _____

Homeowners Signature _____

Your request has been:

Approved by: _____ Expires: _____ Approval Letter: _____

Denied by: _____ Reason for denial: _____

- Board Votes - For _____ Against _____ Did not Vote _____ -

If Approved – A letter will be sent to you for your Signature, Return Signed Copy to Malone. Please allow ample time for approvals