## MEADOWS AT SHAWNEE HOMEOWNERS ASSOCIATION

P.O. Box 475 Milford, DE 19963

## ARCHITECTURAL REVIEW REQUEST APPLICATION FORM

Name:	
Address:	
Phone:	Email:
Description of Request:	
Review the HOA's "Declaration ensure your request conforms to	of Restrictions" document you received and agreed to abide by at closing to the directive.
Also provide a copy of any c	ions, colors, materials, and location of your proposed modification or addition. instruction plans, drawings, and/or pictures. A copy of your plot plan or location of the proposed modification or addition in relation to your eclosed.
THREE OPTIONS ARE AVA	ABLE FOR SUBMITTING YOUR APPLICATION REVIEW REQUEST:
the top of this page, "Att 2. Scan a signed copy of the	lication and required documents, in duplicate, to the HOA mailing address at ntion: Architectural Review Committee". application and required documents and email to: <b>tchilto44@gmail.com.</b> ed forms to: 38 Meadow Lark Drive, Attn: Tom Chilton, Chairman.
required before starting any wo	I review and make recommendations to the Board. Approval of your request is k. Please be aware that an approval by the Architectural Review Committee to secure any permits that may be required by the <b>City of Milford or Sussex</b> et.
Signature:	Date: