REQUES To: Crossgates Homeo Attn: Architectura Tel: 717-824-3071 Fax: 717-824-4168 E-Mail: kgarland@esqm	al Committee	ITECTURAL COMMITTEE
OWNER'S NAME:		
Address:		
	E-Mail:	
of any building, renovati proposed cost, any awni time line. Please note if t	hitectural drawings depicting the point of the point of landscaping to be erected, bong material samples, name of cont he proposed work will require obtain Borough. Attach an extra sheet if	prochures/pictures, tractor, and the estimated ining a permit from Manor
	enovation or landscaping may affe ten approval is indicated below.	ect the following property
	Signature:	Date:
Address:		
Owner:	Signature:	Date:
Address:		
For Committee Use On	lv	
	Approved:Not	Approved:
Date Returned to Owner	:by:Hand-Delivery ************************************	*********