

STONEBRIDGE HOMEOWNERS ASSOCIATION

REQUEST FOR ALTERATION

NAME: _____ PHONE: _____

ADDRESS: _____ DATE: _____

DESCRIPTION OF PROJECT: _____

EMAIL: _____

WIDTH: _____ LENGTH: _____ COLOR: _____

LOCATION: _____ PAGE _____ OF _____

PLEASE INCLUDE YOUR PLOT PLAN WITH YOUR PROJECT DRAWN ON IT WITH YOUR REQUEST.

SKETCH OF PROJECT:

APPROVED DENIED DATE: _____

FOR STONEBRIDGE HOA USE ONLY

Return this form to:



P.O. Box 2225
Cranberry Twp. PA 16066
724-799-5152