

STONEBRIDGE HOMEOWNERS ASSOCIATION

REQUEST FOR ALTERATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

DESCRIPTION OF PROJECT:

WIDTH: \_\_\_\_\_ LENGTH: \_\_\_\_\_ COLOR: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

**PLEASE PROVIDE YOUR PLOT PLAN WITH YOUR ALTERATION 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