

Frenchtown Woods Maintenance Association

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Architectural Change Request

This form, with supporting illustrations/drawings, must be sent to the FWMA and you **must receive approval before any works is done on your home's exterior**. Your request will be reviewed within 30-days of receipt by the FWMA. All illustrations and drawings will be retained by the FWMA unless otherwise indicated by you. Approval of your request by the FWMA does not fulfill other obligations which might be required by County, State or National codes and/or laws. Furthermore, approval of your request does not imply satisfactory compliance with safety, mechanical, electrical, or plumbing codes.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address (please print clearly): _____

Proposed Change

Include information as applicable: plans and specifications with illustrations showing the nature, kind, shape, color, height, materials and proposed location of the architectural change. If more space is needed, please attach to this form.

Proposed Completion Date: _____

For Office/Committee Use Only

Date BVP received request: _____ Method request was received: _____

Approved

Denied

Necessary Revisions or Comments: _____

Approval

Signature: _____ Date: _____

Date approval sent to homeowner: _____ Method approval was sent: _____

CC: FWMA Architectural Review Committee/File