Country Club Valley Association

P.O. Box 7368, Wilmington, DE 19803 Email: glightcap@gmail.com Phone: 610-873-8100 Fax 302-475-7664

Architectural Change Request

This form, with supporting illustrations/drawings, must be sent to the CCVA and you <u>must receive</u> <u>approval before any works is done on your home's exterior</u>. Your request will be reviewed within 30-days of receipt by the CCVA. All illustrations and drawings will be retained by the CCVA unless otherwise indicated by you. Approval of your request by the CCVA assumes that the requestor has met all other requirements including, but not limited to, permits 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 Infor	rmation			
Full Name:	Date:				
Last	First	M.I.			
Address:					
Home Phone:	Coll	l Phone:			
Email Address (please print clearly):	Cen	i Filone.			
	Proposed Ch				
	•	tions with illustrations showing the nature, kin the architectural change. If more space is neede			
Proposed Completion Date: Homeowner Signature: Signatures of two adjacent neighbors					
Date BVP received request:	or Office/Committ Method	tee Use Only request was received:			
☐ Approved Necessary Revisions or Comments:		☐ Denied			
_					
Approval					
Signature:	Date:				
Date approval sent to homeowner:	Meth	Method approval was sent:			