



Phone: 717.824.3071

REQUEST FOR APPROVAL FROM THE ARCHITECTURAL COMMITTEE

To: Crossgates Homeow	ner's Association		
Attn: Architectural	Committee		
Tel: (717) 824-3071			
Email: jesquia@camcomgn	nt.com		
OWNER'S NAME:			
Address:			
Telephone:	E	mail:	
HOMEOWNER PROPOSA	AL:		
Manor Township or Millersvi	ted timeline. Please note if the paille Borough. Attach an extra she	ret if needed.	
approval is indicated below.			
Owner:	Signature:		Date:
Owner:	Signature:		Date:
Address:			
	For Committee Us	se Only	
Date Received:	Approved:	Not Approved:	
Comments (REQUIRED IF	NOT APPROVED):		
Doto Dotumod to O	1.	us Hand Dell TIC M	all E Mail Di
Date Returned to Owner: _	by	y: Hand-Delivery, US Ma	ail, E-Mail, or Pho