TWIN OAKS HOMEOWNERS ASSOCIATION, INC.

REQUEST FOR APPROVAL TO MAKE EXTERIOR MODIFICATIONS

Address of Unit where al	g approval	To begin modification
Address of Unit where all		(Approx. Date Completion of modification
	eration will occur	Completion of modification
	LandscapeBuilding l	
(If other, please explain):_		
Location of Modification	in respect to nearest unit:Fro	ontSideRear
Other (please explain):	
Scope of Modification. Re	quest:	
Please explain in detail whappropriate:	at you are requesting permission for	r; include approximate dimensions wh
quantities of each material:	als (including list of plant material)	to be installed and/or removed and
Optional: Signature of ne	arest neighbors to the right and lo	eft of your home to signify they hav
to your advantage to supply signature indicates you hav	the Committee as much information the committee as much information the committee of this proposed mo	on as possible) Note to Neighbors: You object to this alterate
to your advantage to supply signature indicates you have please contact the manager	the Committee as much information the committee as much information the committee of this proposed mo	on as possible) Note to Neighbors: Yo
to your advantage to supply signature indicates you have please contact the manager Additional Information: Please attach a drawing department of the supply signature indicates you have please contact the manager attach.	the Committee as much informatice been notified of this proposed monent office.	on as possible) Note to Neighbors: Yo

Return Form: TWIN OAKS HOMEOWNERS ASSOCIATION, INC. c/o Community Management Group, Inc. P.O. Box 779, Wexford, PA 15090