DATE _____ Revised 2/2021

PERMISSION REQUEST FORM - REVISED

(VALID FOR 90 DAYS)

OFFICE EMAIL: office.crestwood2@yahoo.com

AFTER 90 DAYS, THE PERMIT MUST BE RENEWED

_____ _____ _____

Certificate Holder's Name **Address** **Phone #**

Certificate Holder's Email Address _____

_____ Attic Fan (roof model only)
_____ Air Conditioners – wall unit. BTU_____
_____ Central Air Conditioning
_____ Concrete walk and/or around garbage can with 2" space around can.
_____ Concrete slabs
_____ Patios (dimensions no larger than 200 square feet) with submission of patio drawing
_____ Pergolas or any patio coverings – must be secured to the concrete patio
_____ 3 season room with submission of drawing
_____ Porch railings and patio fencing
_____ Storm doors and/or garage doors
_____ Replacement windows FOR _____ Porch and/or _____ Unit (include quantity of windows)
_____ Awnings or decorative shutters
_____ Counter tops FOR _____ Kitchen for _____Vanity
_____ Kitchen cabinets or bath vanity or sliding shower doors
_____ Solar tubes – number and location
_____ Tree and shrub plantings in common ground **MUST HAVE PRIOR APPROVAL.** Please include diagram on the back of this form to show location of trees and shrubs
_____ Tree removal
_____ Satellite dishes – only permitted on face board under roof; not permitted on roof
_____ Outdoor lighting – may **not** be attached to vinyl siding and no bulbs higher than 100 watts or its equivalent
_____ Hot water heaters
_____ Other _____

CONTRACTOR NAME: _____
CONTRACTOR PHONE: _____
CONTRACTOR CERTIFICATE OF INSURANCE EXPIRATION DATE: _____

**** If resident is doing the work, then under "contractor's name" section, write "SELF" and include a copy of HO6 Certificate of Insurance

The resident is responsible for all maintenance and additional insurance. Any permits needed from the Township, for any of the alterations, must be obtained by the homeowner or the contractor and submitted to office before work commences. **The Board reserves the right to inspect the installation when completed.**

RESIDENT'S SIGNATURE _____

APPROVED/DENIED BY TRUSTEE AND DATE_____