

Stonegate Homes at Suffern **Document: Application for Architectural Review**

Date	Home Phone #	Cell Phone #			
l,	the owner of Unit/Address				
Hereby make application for	or approval to perform the following wor	rk on this unit or grounds as follows:			
STATE DESIRED UNIT CH building)	HANGES: (i.e., change to deck, addition	nal/variations to windows, modifications/addition to exterior of			
STATE DESIRED GROUN accessories)	ID CHANGES: (i.e., landscape modifica	ation/addition, large trees/shrubbery away from house, lawn			
To avoid any delay in the ponly a copy, as it will NOT		e sure to attach a complete copy of plans and specifications. Send			
Mail form to Stonegate H	omes at Suffern c/o Associa New Yo	ork, 11 Raymond Avenue, Suite 32, Poughkeepsie, NY 12603.			
homeowner will accept the		the Homeowners responsibility. When the unit is sold, either the new approved modification will be returned to the original condition at sponsibility of the homeowner.			
	tted to the Board for approval without a Management at 845-473-3711.	Il of the above requirements satisfied. If you have any questions,			
Date	Signature				



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CONTRACTOR REQUIREMENTS

- Certificate of Liability Insurance Naming: Stonegate Homes at Suffern, ASSOCIA New York and Homeowner as additional insured.
- Certificate of Workers Compensation, if applicable.
- Scope of Work

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Your request for approval has been APPROVED with the following conditions:	
Your request for approval has been DENIED for the following reasons:	
The following additional information needs to be submitted to reevaluate application:	
Date Signature Board President or Presiding Officer	