

# REGENCY ONE CONDOMINIUM ASSOCIATION

## Architectural Request Form

Date \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

In accordance with the Association's governing documents, I/we hereby apply for written consent to make the following modification(s) or addition(s):

**Description of Modification or Addition: Please be as specific as possible.** The description must include complete information necessary to thoroughly understand anticipated modifications or additions such as the height, width, size, shape, color, etc.

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**Please return your completed request via email, fax or mail to:**

Regency One Condominium Association  
C/o The Galman Group  
PO Box 646, Jenkintown, PA 19046  
Office 215-886-2000  
Fax: 267-620-1457  
Email: amitchell@galmangroup.com

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by Board** \_\_\_\_\_ **Date** \_\_\_\_\_