WOODSIDE VILLAGE COMMUNITY ASSOCIATION

ARCHITECTURAL REQUEST APPLICATION

Name:	
Address:	Home Phone:
	Work Phone
	Cell Phone:
the Board of Directors before any work you would like to make an exterior change Woodside Village Co	ommunity Assoc. c/o The Galman Group x 646, Jenkintown, PA 19046
Fax: 215-572-7061	Email: bsaxton@galmangroup.com
Please include the following in your redrawing of your project. (Attach separat	equest: Type of material, height, width, length, color and te sheet if needed)
FOR BOARD USE ONLY:	SIGNATURE(S)
Date:	
Approved:	Signature
Denied:	
	Signature owner tenant