



Craneridge Association, Inc.
PO Box 77
Glenwood, NY 14069-0077

Office Use:

Request Received: _____

Meeting Held: _____

Architectural Committee Project Submittal Form

Please use this form to submit your project to the Committee for approval

Homeowner's Name _____

Homeowner's Address _____

Home phone number _____

E-mail address (optional) _____

Briefly describe the scope of the work planned:

Colors to be used (please provide samples).

If you are using the existing colors please check here: •

Siding color _____

Trim color _____

Window trim _____

Roof color _____

Material to be used (please provide samples).

Siding _____

Trim _____

Windows _____

Roof _____

Please include any other information which will help the Committee approve your project.

Please submit two (2) sets of plans for your project

If you will require a Town building permit submit an extra set of plans

Mail the completed form to the address above or contact the current Committee Chair.

Approval, when given, will be good for a period of 1 year from the date of the approval.

Projects are subject to inspection upon completion.

Approved By: _____

Homeowner Acknowledgement: _____
 (initialed when approval received)