Clearbrook Commnity Services Association Inc.

Environmental Protection Board - Request For Review

Name:_____ Phone:_____

Address:_____ Date:_____

Description of Project:

Width:_____ Height:_____ Length:_____ Color:_____

Location:_____ Page _____ of _____

Start Date: _____ Finish Date: _____

You must obtain the signatures of the neighbors on either side of your unit indicating that they do not object to your alteration request. If an end unit, only one signature is required.

PLEASE SKETCH YOUR PROJECT BELOW:

Signature Address

Signature Address

FOR CCSAI USE ONLY

Approved: ☐ Disapproved: ☐ Date: _____

Return this form to:

CCSAI - P.O. Box 1417 - Cranberry Township, PA 16066 - Fax: 724-741-0554