

**ATTACHMENT 3 - CHANGE REQUEST FORM  
LIBERTY SQUARE CONDOMINIUM ASSOCIATION**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

***Please note that the Board has thirty days to respond to your request.***

**Description of Proposed Changes or Modification:**

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**Reason for Proposed Change or Modification:**

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A SKETCH OF THE PROPOSED ALTERATIONS MUST BE DRAWN TO SCALE ON  
A SEPARATE PIECE OF PAPER NOT LESS THAN 8-1/2" X 11" WITH ALL PERTINENT  
DIMENSIONS NOTED.

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Approval of the request is granted with the following conditions:

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Request for approval is denied for the following reasons:

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BOARD OF DIRECTORS:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOLLOWING REVIEW BY AND APPROVAL OF THE BOARD OF DIRECTORS, THE  
HOMEOWNER IS RESPONSIBLE FOR OBTAINING ANY APPLICABLE PERMITS FROM  
NEWTOWN TOWNSHIP, DOYLESTOWN, PA 18901

Mail to: LIBERTY SQUARE CONDOMINIUM ASSOCIATION  
975 Easton Road, Suite 102, Warrington, PA 18976