



**ARCHITECTURAL CONTROL COMMITTEE PAINTING/STAINING PERMIT
APPLICATION**

TOWAMENSING TRAILS POA, PO BOX 100, ALBRIGHTSVILLE, PA 18210
OFFICE HOURS: MONDAY-FRIDAY 9AM-5PM, SATURDAY 9AM-3PM
WWW.TOWAMENSING.COM

This permit is good for the **Property Owner ONLY** to Paint/Stain.
This permit is good for **One Year**. Please submit samples of the paint or stain
color that you will be using. **If you are using a contractor** a different application
needs to be submitted with contractor insurance and HIC numbers.

2017

PROPERTY OWNER: Please print all information.

Name _____

Lot Number _____ 911# _____ Street _____

Phone number _____

Date to Start: _____

Paint/ Stain Color: _____

What is being painted _____

Property Owner signature: _____

Approved by _____

Date _____