



STONEBRIDGE CROSSING CONDOMINIUM ASSOCIATION
Application for Construction
(Valid for six (6) months only from date of approval)

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Dover Township building permit no. (if applicable) _____

Provide the following information with this application:

Type of Construction (**circle one**) -> New Improvement Repair Alteration Replacement

Description of project: _____

1. Sketch or plan (in reasonable detail) the existing and/or proposed project.
2. Nature/kind of project showing the shape and length/width/height.
3. Type of materials.
4. Color.
5. Approximate cost.
6. Any additional or pertinent specifications of project.

Submit applications as an e-mail attachment to: Stonebridge_17315@yahoo.com
or by mail to: SCCA, 3397 Glen Hollow Drive, Dover PA 17315-2788