

ARCHITECTURAL CONTROL/REVIEW COMMITTEE

HOME IMPROVEMENT REQUEST FORM

All improvements MUST be drawn to scale on a photocopy of the survey. Please indicate how the new structure or improvement relates to the existing structure, and if possible provide a side and rear view. A sketch for mailboxes and gutters is acceptable. **The original request form and one copy are required for submittal.**

THE ACC REVIEW PROCESS MAY TAKE 10-30 DAYS, DEPENDING ON THE DEED RESTRICTIONS FOR YOUR COMMUNITY. THE PROCESS CAN NOT BEGIN UNTIL THE COMPLETED APPLICATION IS RECEIVED. PLEASE CAREFULLY REVIEW THE REQUIREMENTS FOR SUBMITTAL BELOW. YOU WILL RECEIVE A WRITTEN NOTIFICATION OF THE DECISION OF THE COMMITTEE, AND NO INTERIM UPDATES WILL BE GIVEN DURING THE REVIEW PROCESS.

ASSOCIATION _____ and/or _____ SUBDIVISION _____

OWNER'S NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ FAX _____ EMAIL _____

Please indicate the improvement(s) which you propose.

- Basketball Goal
- Deck
- Driveway Expansion
- Fence
- Flagpole
- Gazebo
- Paint
- Patio
- Pool/Spa
- Rain Barrel
- Room Addition
- Roof
- Solar Energy
- Storage Shed
- Other _____

Please describe improvement in more detail which you marked above (Be Specific)

Location of improvement(s) which you propose, backyard, sideyard, etc. Be specific, showing to scale the property lines, building set back lines, easements, fences, sidewalks, patios, pools, distances from all sides of the improvement to property lines and pool equipment location. A PLAT OR SURVEY IS REQUIRED.

Materials planned for the improvement you propose.

Lumber-
Type(s) _____

Brick-
Type(s)&Color _____

Screen-
Type(s) _____

Fence
Type(s) _____

Shingles – Manufacturer _____ Manufact. Color _____ Warr. Yr _____

Other _____

If you are painting or staining - YOU MUST include paint/stain sample and brand/manufacturer. Please give particular consideration to the color of the brick when making your paint selection.

Brick Color: _____ **House Color:** _____
Trim Color: _____ **Garage Door Color:** _____

Dimensions of Planned Improvement: ___ Width ___ Height ___ Length

Who will work on this improvement? Homeowner Contractor

If Contractor, list name and phone #:

Anticipated Start Date _____ Anticipated Completion Date _____

For any room additions and storage buildings, you must obtain a construction permit from the City and/or County within thirty (30) days of the date of approval by the Architectural Control Committee.

IN AN EFFORT TO PROVIDE AND PROTECT EACH INDIVIDUAL HOMEOWNER'S RIGHTS AND VALUES, IT IS REQUIRED THAT ANY HOMEOWNER OR GROUP OF HOMEOWNERS CONSIDERING IMPROVEMENT (EXAMPLES: EXTERIOR PAINT, PATIO COVERS, FENCES, LANDSCAPING, SIDEWALKS, DECKS, ETC.) ON THEIR DEEDED PROPERTY, SUBMIT A REQUEST FOR HOME IMPROVEMENT APPROVAL TO THE ARCHITECTURAL CONTROL COMMITTEE FOR APPROVAL BY THE HOMEOWNERS ASSOCIATION PRIOR TO INITIATING WORK ON PLANNED IMPROVEMENTS. IF ANY CHANGE IS MADE THAT HAS NOT BEEN APPROVED, THE COMMITTEE HAS THE RIGHT TO ASK THE HOMEOWNER TO REMOVE THE IMPROVEMENT FROM HIS PROPERTY. I UNDERSTAND THAT THE ASSOCIATION ARCHITECTURAL CONTROL COMMITTEE WILL ACT ON THIS REQUEST AS QUICKLY AS POSSIBLE AND CONTACT ME IN WRITING REGARDING THEIR DECISIONS. I UNDERSTAND NO INTERIM UPDATES AND STATUS WILL BE GIVEN ON MY APPLICATION. I AGREE NOT TO BEGIN PROPERTY IMPROVEMENT(S) UNTIL THE ARCHITECTURAL CONTROL COMMITTEE NOTIFIES ME OF THEIR DECISION.

Signature of Homeowner

Date

APPLICATION IS COMPLETE IF YOU HAVE COMPLETED IN DETAIL:

1. Described improvements, and attached required drawings, if any
2. Attached your survey showing the exact location of the proposed improvements
3. Attached a sample of the paint, if painting or stain if staining
4. Signed the application
5. Defined the dimensions (height,width&length) of the structure, play structure, improvements and/or fence

You may attach a separate sheet of additional information to assist in the process.

FOR ASSOCIATION & OFFICE USE ONLY		
Date Received:	Date Submitted To ACC/ARC:	DEPOSIT \$
Comments For Committee From CMC	<input type="checkbox"/> D/R:	<input type="checkbox"/> Assessment:
Date Reviewed:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments Or Contingencies From ACC/ARC:		
ACC/ARC Signatures:	Signed	Attest:

RETURN REQUEST FORM TO:

Chaparral Management Company
P.O. Box 681007
Houston, TX 77268-1007 or
6630 Cypresswood Drive, Suite 100, Spring, TX 77379
281.537.0957 Tel
281.537.0312 Fax
email: service@chaparralmanagement.com