

# ARCHITECTURAL CONTROL COMMITTEE (ACC) REQUEST FORM

DATE SUBMITTED: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

HM. TELE.: ( ) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WK. TELE.: ( ) \_\_\_\_\_ - \_\_\_\_\_

CELL #: ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX #: ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BRIEFLY DESCRIBE THE ALTERATION OR IMPROVEMENT WHICH YOU PROPOSE (use back if necessary): \_\_\_\_\_

WHO WILL PERFORM THE ACTUAL WORK ON THIS IMPROVEMENT?

NAME: \_\_\_\_\_

APPROXIMATE COST: \_\_\_\_\_

Please include sketch or copy of improvement or project, including measurements, lot lines and easement lines (if applicable, use copy of your lot survey or floor plan) and identify exact location if using Common Area. MUST SHOW DISTANCE FROM UNIT AND/OR PROPERTY LINE AND HEIGHT OF STRUCTURE (IMPROVEMENT)

## LOCATION OF IMPROVEMENT

\_\_\_\_\_ FRONT OF UNIT/HOUSE

\_\_\_\_\_ ROOF OF UNIT/HOUSE

\_\_\_\_\_ OTHER

\_\_\_\_\_ BACK OF UNIT/HOUSE

\_\_\_\_\_ GARAGE/CARPORT

\_\_\_\_\_ PATIO

\_\_\_\_\_ SIDE OF UNIT/HOUSE

\_\_\_\_\_ BALCONY

\_\_\_\_\_ COMMON AREA

METHOD OF SUPPORT AND/OR ANCHORAGE FOR PATIO COVER, OUT BUILDING, RECREATION EQUIPMENT, ETC. \_\_\_\_\_

## MATERIAL NECESSARY FOR PROPOSED IMPROVEMENT (CHECK):

\_\_\_\_\_ PAINT COLOR(S) \_\_\_\_\_

\_\_\_\_\_ CEMENT \_\_\_\_\_

\_\_\_\_\_ STAIN COLOR(S) \_\_\_\_\_

\_\_\_\_\_ PIPE \_\_\_\_\_

\_\_\_\_\_ LUMBER TYPE(S) \_\_\_\_\_

\_\_\_\_\_ ELECTRICAL \_\_\_\_\_

\_\_\_\_\_ BRICK TYPE(S) \_\_\_\_\_

\_\_\_\_\_ FENCE TYPE(S) \_\_\_\_\_

\_\_\_\_\_ SCREEN TYPE(S) \_\_\_\_\_

\_\_\_\_\_ HEIGHT \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

If approved, I agree to build and install the improvement in accordance with this application within 90 days of approval date and further agree that all maintenance, repair and replacement of the improvement and attachments thereto shall be performed at the expense and responsibility of the unit/house owner.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
SIGNATURE OF TENANT (if applicable)

RETURN TO:

c/o CREATIVE MANAGEMENT COMPANY  
ATTN: \_\_\_\_\_  
8323 Southwest Freeway, Suite 330  
Houston, Texas 77074

FOR ACC USE ONLY

Date received: \_\_\_\_\_  
Approved \_\_\_ Denied \_\_\_ Date: \_\_\_\_\_  
By \_\_\_\_\_  
Comments: \_\_\_\_\_