

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:

WILLOW WALK TOWNHOME ASSOC.

ATT: **Sheila Franklin**

832-754-9906

sheilawfranklin@att.net

FOR ACC USE ONLY

Date received: _____

Approved ___ Denied ___ Date: _____

By _____

Comments: _____