

**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 improvements relate to the existing structure and if possible provide a side and rear view. A sketch for mailboxes and gutters is acceptable.

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 REVEIW 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 \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**Please indicate the improvement(s) which you propose**

- Paint       Roof       Pool/Spa       Deck       Patio       Gazebo  
 Storage Shed    Fence       Basketball Court       Room Addition       Other

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

Location of the improvements, which you propose, backyard, side yard, 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(s) to the property lines and any pool equipment location, **A PLAT OR SURVEY IS REQUIRED,**

**Materials planned for the improvement(s) you propose**

**Lumber-Type(s)** \_\_\_\_\_ **Brick- Type(s)&Color** \_\_\_\_\_

**Screen- Type(s)** \_\_\_\_\_

**Fence- Type(s)** \_\_\_\_\_

**Shingles-Manufacturer** \_\_\_\_\_ **Manuf. Color** \_\_\_\_\_ **War. Yrs.** \_\_\_\_\_

**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/stain selection.

**BRICK COLOR** \_\_\_\_\_ **HOUSE COLOR** \_\_\_\_\_

**Trim Color** \_\_\_\_\_ **Garage Door Color** \_\_\_\_\_

**Dimensions of Planned improvement(s):** \_\_\_\_\_ **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 County within thirty (30) days of the date of approval by the Architectural Control Committee.

IN AN EFFORT TO PROVIDE EACH INDIVIDUAL HOMEOWNER’S RIGHTS AND VALUES, IT IS REQUIRED THAT ANY HOMEOWNER OR GROUP OF HOMEOWNERS CONSIDERING IMPROVEMENT (EXAMPLE: PAINT PATIO COVERS, FENCES, SIDEWALKS, DECKS, ETC.) ON THEIR DEEDED PROPERTY OTHER THAN LANDSCAPING, 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/HER PROPERTY.

**I UNDERSTAND THAT THE ASSOCIATION ARCHITECTURAL 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 ARCHITECTUAL 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 drawing, if any.
2. Attached your survey showing the exact location of the proposed improvement(s).
3. Attached a sample of the paint, if painting or staining.
4. Signed the application.
5. Defined the dimensions (height, width, length) of the structure, play structure, improvement(s) 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 \_\_\_\_\_

Comments \_\_\_\_\_  Assessment

Date Reviewed \_\_\_\_\_  Approved  Denied

Comments or Contingencies From ACC \_\_\_\_\_

Signed: \_\_\_\_\_ : \_\_\_\_\_ Attest  
: \_\_\_\_\_ : \_\_\_\_\_ Attest

**Return Request Form to: Tres Palacios Oaks Property Owners Association (TPOPOA)  
28 Springwood South  
Palacios, TX 77465**