Returned to homeowner for information	
Forwarded to Committee for approval:	

ARCHITECTURAL REVIEW APPLICATION

In an effort to maintain property values, deed restrictions require that **exterior changes be approved by an Architectural Review Committee prior to commencing work**. Their evaluation addresses architectural harmony, color, location, minimum construction standards and restrictions. Please consult your deed restrictions for additional information. If your change has not been approved, the Committee will have the right to ask the homeowner to remove the improvement and/or change from the property. COMPLETE THIS FORM IN DETAIL. IF NOT COMPLETED IT CANNOT BE PROCESSED AND WILL THUS BE DENIED.

Subdivision:		Start Date:	End Date:
		_ Home Phone:	
		Work Phone:	
	tate: ZIP:		
Please <u>check</u> the improvement that may be required:	s and/or circle the item applicable to ye	our request. Please see the	below for additional information
☐ Repair Wood/Brick	☐ Replace Mailbox- Detail Type	☐ Paint- Residence or	Trim Only
☐ Install Pool	☐ Install Windows/Storm Doors	☐ Exterior Paint for Short	utters/Doors/Accents
☐ Replace Siding	☐ Stain Dock/Fence/Other	☐ Room Addition/Abov	ve Garage Addition
☐ Replace Garage Door	☐ Extend Driveway/Walkway	☐ Install Patio/Patio Co	over/Pergola/Arbor/Gazebo
☐ Replace Front Door	☐ Replace Roof	☐ Install Storage Shed	I
☐ Landscaping : circle w	hat applies - fountains, plant or remo	ove trees, permanent flower	r bed structure, etc. *Backyard
. •	equires a survey map with location and arport, Outdoor Kitchen, BB Goal, Jungl	•	
roof information and the su	hs, sales literature, brochure pages, e rvey map are not attached if require to sign	tc. Your application will be ired for project. Only app	olications that do not require
INFORMATION REQUIRED:	by email. Please make sure to sign	the form before returning	it to SCS MGMT.
INFORMATION REQUIRED.			
	2 samples of your color choice to the sent by email. Please mail or deliver l		Base & Trim area. Note: Paint
2. Roofing Materials - Attach a shingle and years of warra	a small sample of shingle in the box anty.	on the reverse side. State	manufacturer name, color of
location of improvement on	vay, walkway, storage shed or other st survey map and give dimensions <u>incluused</u> used and include samples of paint and	<u>ıding</u> height, length, width ar	
	m Additions – include the survey map <i>y</i> ; show windows, doors, pitch of roof, a will not be returned.		
equipment location. Include	survey map showing planned location approval letters from MUD District and/required in some neighborhoods, please	or County permit if they are	required per your neighborhood.
	ly as possible but agree not to begin chitects and do not endorse any produc		e is received. I understand the
SIGNATURE OF HOMEOWNE	DATE		

ATTACH TWO SAMPLES OF MATERIALS HERE

ROOF SHINGLE INFORMATION

BASE COLOR

TRIM	COI	ΛP
IKIIVI	COL	_OR

FOR	COMMITTEE	USE	ONI	Y
LON	COMMUNICATION	UDL	OLL	

SUBMISSION APPROVED

Thank you for submitting your plans for exterior changes. Your application has been **approved** for the specified modifications. Any revisions or alterations require re-submission prior to commencement. Approval denotes compliance with the deed restrictions and carries no warranty regarding structural fitness, compliance to building codes, assurances against encroachments, etc. Once work has begun, completion must be within (30) days unless otherwise noted.

Authorized Association Representative:	Date:
Authorized Association Representative:	Date:
*************************************	***********
SUBMISSION DENIED	
Your application for exterior changes has been denied , as it does not meet guideli resubmit your plans.	ines as presented. Please re-assess and
a. color selection is not an approved shade	
b. height or size limitations are exceeded	
c. placement on lot appears to violate front set-back lines or side/rear easements	
d. construction materials are not in accordance with guidelines	
e. other;	
Authorized Association Representative:	Date:
Authorized Association Representative:	Date:
***************************************	**********
ADDITIONAL INFORMATION REQUIRED	
Committee requests additional information prior to processing your request.	
	·
Comments:	
	-
Authorized Association Representative:	

RETURN TO: SCS Management Services, Inc., 7170 Cherry Park Drive, Houston, Texas 77095

Telephone: (281) 463-1777 - Fax: (281) 463-0050 - E-mail: acc@scsmgmt.com