

Chelsea at Mission Bend HOA Improvement Request Form

11281 Richmond, Suite J-110

Houston, TX 77082

PHONE: 281-556-5111 FAX: 281-556-5192

CONTROL # _____

ACCOUNT # _____

HOME IMPROVEMENT REQUESTFORM

In order to protect each individual homeowner's property values and privacy, **it is mandatory for ALL homeowner planning any and all improvements/modifications to their deed properties to submit (IN ADVANCE) a request to the Architectural Control Committee (ACC) for approval. This request is reviewed by the ACC to ensure compliance with the Declaration of Covenants and Restrictions. Any and all modifications made without advance approval, the ACC has the right to ask the homeowner to remove the improvements/modifications from the property at the owner's expense, plus pay all legal expenditure incurred to enforce the ACC decision.**

PLEASE COMPLETE THE ENTIRE FORM

OWNERS NAME _____ HM PHONE _____

PROPERTY ADDRESS _____ WK PHONE _____

MAILING ADDRESS (if different from above) _____

The association will not be held responsible for ensuring compliance with restrictions regarding utility easements, building setbacks or codes, or other restrictions imposed by other local or state governing bodies or companies.

1. Brief description of change or improvement: _____

Note: Please attach plans for any new building, additions, fencing, basketball goals, including drawing showing location in relation to home, dimensions, building lines.

2. If work is to be done by someone other than the property owner, please complete:

Company name _____ Phone # _____

3. Please indicate the location(s) to be used for the change/improvement:

____ Front of house ____ Back of house ____ Side of house ____ Roof ____ Brick

____ Patio ____ Garage/Garage door ____ Other (please explain) _____

4. Please indicate the material(s) to be used for the change/improvement:

____ PAINT* brand/color name: (MAIN) _____ (TRIM) _____

____ STAIN* brand/color name: _____

____ SIDING* material/color name: _____

____ SHINGLES* brand/color name/life of shingle: _____

____ LUMBER describe/type: _____

____ BRICK* brand/color name: _____

____ CEMENT _____

____ FENCING material/height/width: _____

(Maximum height is 6 ft. cedar, as per legal documents)

____ OTHER _____

(CONTINUED ON NEXT PAGE)

* Please attach a sample showing the color to be used.

THIS REQUEST WILL NOT BE REVIEWED WITHOUT SAMPLES.

5. If painting will be done please indicate:

Location of painting (all wood/siding, just trim....) _____

6. Estimated start date: _____ completion date: _____

Work has already been done: _____ when? _____

I understand the ACC has up to thirty (30) days from the date of receipt of this request to review and make a decision. I agree not to begin any change/improvement until the ACC informs me of their approval.

(Homeowner's signature)

(Date)

PLEASE RETURN COMPLETED REQUESTS TO:

PROPERTY MASTERS, INC. (PMI)

11281 RICHMOND, SUITE J-110

HOUSTON, TX 77082

OR FAX ANY REQUESTS THAT DO NOT REQUIRE SAMPLES TO: 281-556-5192

Any inquiries regarding the status of your request or how to complete this form should be directed to 281-556-5111

ARCHITECTURAL CONTROL COMMITTEE USE ONLY:

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

COMMENTS: _____

PMI USE ONLY:

DATE RECEIVED:

*in office _____

Date returned to homeowner for more information

*from ACC _____

Date received back from homeowner:
