

Watersbend Homeowners' Association, Inc.

Architectural Control Committee Application Form

This is your application for approval by the Architectural Control Committee of an improvement to your lot or home. Please read it carefully. The Architectural Control Committee will review your information and approve or deny your request. The Architectural Control Committee has the allowance of up to thirty (30) days to respond with a decision (following the receipt of this request).

DATE: _____ NAME: _____ CONTACT PHONE: _____

HOUSE ADDRESS: _____ EMAIL : _____

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

CHECK ONE: INITIAL PROJECT REQUEST REAPPLICATION: Original Project #: _____

MODIFCATION TYPE	MATERIALS TO BE USED	PAINT / STAIN COLORS <i>(If Applicable)</i> <small>* Include Paint/Stain Samples if available</small>
<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> WOOD	TRIM: _____
<input type="checkbox"/> STORAGE BUILDING	<input type="checkbox"/> STONE	GUTTER: _____
<input type="checkbox"/> PATIO COVER / ARBOR	<input type="checkbox"/> METAL	FRONT DOOR: _____
<input type="checkbox"/> GAZEBO / PERGOLA / DECK	<input type="checkbox"/> CONCRETE	GARAGE DOOR: _____
<input type="checkbox"/> Other (Please Explain): _____	<input type="checkbox"/> OTHER (Please Explain): _____	OTHER (Please Explain): _____

DETAILED DESCRIPTION OF WORK (Be specific: Please include when appropriate a copy of the plat of your Lot showing the EXACT location, height/square-footage of the improvements, existing structures and property lines and a complete list of construction materials and construction drawings/plans.) ** City Permit Highly Suggested

HIRING CONTRACTOR?

Yes
 No

Name of Contractor: _____

Phone #: _____

Contractor Address: _____

OFFICE USE ONLY: NP IP C

DENIED: _____

APPROVED

APPROVED W/CONDITIONS:

CERTIFICATION AND AGREEMENTS:

Homeowner certifies that all materials submitted to the Architectural Control Committee with this application for review are true and correct. Homeowner understands and agrees that no work may be performed prior to or in deviation from the terms of a permit approved by the Architectural Control Committee. Homeowner agrees to be bound by the Architectural Control Committee Rules and Standards.

HOMEOWNER SIGNATURE: _____ DATE: _____

RETURN COMPLETED APPLICATION TO:

SBB Management Company · Attention: Angela Spikes
1670 Keller Parkway, Suite 170 · Keller, Texas 76248 · (817) 482-1547 Ext. 469
Email: a.spikes@sbbmanagement.com · Fax (817) 431-6412