

WESTLAKE PLACE HOMEOWNERS ASSOCIATION, Inc.

16650 PINE FOREST

HOUSTON, TEXAS 77084-4034

Phone: (281) 855-9867 FAX: (281)855-3411

CONTROL # _____
ACCOUNT # _____

HOME IMPROVEMENT REQUEST FORM

In order to protect each individual homeowner's property values and privacy, it is required for any homeowner or group of owners planning improvements or changes to their deed property(ies) to submit a request for Architectural Control Committee ("ACC") approval. This request is reviewed by the ACC to ensure compliance with the Declaration of Covenants and Restrictions. If any change is made that has not been approved, the ACC has the right to ask the homeowner to remove the improvements and/or change from the property at the owner's expense.
PLEASE COMPLETE THE ENTIRE FORM

OWNER'S NAME _____ HIM 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, etc. 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) of the change or 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: _____
- STAIN* brand/color name: _____
- SIDING* material/color name: _____
- SHINGLES* brand/color name/life of shingle: _____
- LUMBER describe/type: _____
- BRICK* brand/color name: _____
- CEMENT material/height/width: _____
- FENCING _____
- OTHER _____

*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,...) _____
Which color will be used where/for what if more than one color will be used _____
Brick color(s): _____

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:
ASSOCIATION & COMMUNITY MANAGING PROFESSIONALS, INC. ("ACMP, Inc.")
16650 PINE FOREST
HOUSTON, TEXAS 77084-4034
OR FAX ANY REQUESTS THAT DO NOT REQUIRE SAMPLES TO: 281/855-3411.

Any inquiries regarding the status of your request or how to complete this form should be directed to 281/855-9867, extension 315.

ARCHITECTURAL CONTROL COMMITTEE USE ONLY:

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

COMMENTS: _____

ACMP USE ONLY:

DATE RECEIVED: _____ Date returned to homeowner for more information

-in office _____
-from ACC _____ Date received back from homeowner.
