

Valley Oaks Association
ARCHITECTURAL CONTROL COMMITTEE

REQUEST FOR PROPERTY MODIFICATION

Email Address: _____

We strongly suggest Homeowners provide an email address so that the response time is minimal.

Property Owner Name: _____

Property location Address: _____, Lewisville, TX

Mailing Address (if different): _____, _____, _____

Phone: _____ best time to call _____ optional email address _____

Project estimated start date: _____ Estimated project completion date _____

Applicable deed restrictions read? YES / NO

Will this project require fence removal? YES / NO

Building permit applied for if necessary? YES / NO / NOT APPLICABLE

What is the nature of your project? _____

Specify square footage, length, width, height above ground: _____

Will project be visible from the street? YES / NO

Read guidelines on reverse side or second page.

Important Notes:

*** Deed restrictions specify that approval must be obtained prior to construction.**

*** To avoid delay, make request complete as possible or it will be returned for more information or denied.**

Homeowner Signature: _____ Date: _____

GUIDELINES: If appropriate, include a plan view and/or elevation drawing to scale, a paint chip and any other supporting documents that explicitly specify project location. Include multiple perspectives if helpful. Specify distance from fences and easements.

Specify any that apply: Roof materials and color, siding, stain or paint colors (include brand name, color number and color chips), brick type, drainage plan, plant sizes and types, electrical or plumbing, wood type and impact on neighbors.

Acknowledgment is required from adjacent properties that will be most affected and/or have a view of your proposed change. Should one of your neighbors disapprove, please indicate with the reason for their disapproval noted. Their signatures indicate an awareness of your intent and do not constitute approval or disapproval by the Committee.

(Signature of Neighbor's Acknowledgement)

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(Signature of Neighbor's Acknowledgement)

This request must be mailed (or emailed) to:

Valley Oaks HOA
Attn: Architectural Control Committee
P.O. BOX 293401
Lewisville, TX 75029

architectural@valleyoakshoa.com

Date Received by HOA-ACC: _____

(For ACC Committee Use Only)

ACC Decision: APPROVED or DISAPPROVED or DISAPPROVED FOR MORE INFORMATION

ACC Chairperson or Representative: _____

Rationale: _____

