

CLAYTON HOMEOWNERS ASSN.

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 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

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: _____
____ 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 ten (10) 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:
