

HARVEST BEND the MEADOW HOA

15840 FM 529, SUITE #104 HOUSTON, TX 77095

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

Email: accform@acmpinc.com

ACCOUNT #: _____

HOME IMPROVEMENT REQUEST FORM

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 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/modify from the property at the owner's expense.

PLEASE COMPLETE THE ENTIRE FORM (INCLUDING BACK/2ND PAGE)

PLEASE COMPLETE ONE FORM PER IMPROVEMENT/REQUEST FOR APPROVAL

OWNER'S NAME _____ PHONE #: _____

PROPERTY ADDRESS _____ EMAIL: _____

MAILING ADDRESS (if different from above) _____

If this address is your mailing address and you would like our records to reflect same initial here _____

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 building, additions, fencing, basketball goals, landscaping, walkways, 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 _____ Patio _____ Brick _____
Garage/Garage door _____ Driveway _____ 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	psi/brand/color: _____
_____ FENCING	material/height/width/picket size: _____
_____ LANDSCAPE BORDERS**	describe/type: _____
_____ OTHER	_____

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

**Please attach a sample, photo or brochure showing the color.

*****THIS REQUEST WILL NOT BE REVIEWED WITHOUT SAMPLES.*****

(Continued on next page)

5. If painting will be done please indicate location of painting (all wood/siding, just trim,...): _____
Brick color(s): _____

6. Estimated start date: _____ (i.e. mm/dd/yyyy, or how long after approval)
Completion date: _____ (i.e. mm/dd/yyyy, or how long after start or approval)
If left blank, the improvement(s) must be completed within thirty (30) days from the date of approval letter.

I understand the ACC has up to thirty (30) days from the date of receipt of this request to review and make a decision and that I cannot begin any change/improvement until the ACC informs me of their approval. I understand that I am responsible for ensuring that all maintenance/improvements are in compliance with the current ACC guidelines.

(Homeowner's signature)

(Date)

7. Work has already been completed: _____ When: _____

(Homeowner's signature)

(Date)

PLEASE RETURN COMPLETED REQUESTS TO:
ASSOCIATION & COMMUNITY MANAGING PROFESSIONALS, INC ("ACMP, INC.")
15840 FM 529, SUITE #104
HOUSTON, TX 77095
or
FAX ANY REQUESTS THAT DO NOT REQUIRE SAMPLES, PHOTOS, AND/OR BROCHURES TO:
281-855-3411
or
EMAIL ANY REQUESTS THAT DO NOT REQUIRE PAINTING SAMPLES TO: accform@acmpinc.com
*We recommend sending this request by certified mail or contacting our office to confirm receipt of the form.

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

ARCHITECTURAL CONTROL COMMITTEE USE ONLY:

SIGNATURE: _____ DATE: _____ APPROVE/DISAPPROVE

SIGNATURE: _____ DATE: _____ APPROVE/DISAPPROVE

SIGNATURE: _____ DATE: _____ APPROVE/DISAPPROVE

ACC COMMENTS:

ACMP USE ONLY:

Date Received in Office:	Open DRV:	YES	NO
Date ACC Plan Added:	Current DRV Status:	_____	
Date Forwarded to ACC:	Plan Notated in DRV:	YES	NO
Date Received From ACC:	Decision Notated in DRV:	YES	NO
