

# GLENCAIRN COMMUNITY IMPROVEMENT ASSOCIATION

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/2<sup>ND</sup> PAGE): (failure to do so may result in a "denial" from the ACC).**

**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. **THIS REQUEST WILL BE DENIED WITHOUT SAMPLES**

**Please be advised: PAINTING OF EXTERIOR BRICK IS NOT PERMITTED**

(Continued on next page)

**AN APPROVED COLOR CHART IS AVAILABLE AT SHERWIN WILLIAMS LOCATED ON NORTH HWY 6 NEAR TIMBER CREEK**

5. If painting will be done, please indicate location of painting (all wood/siding, just trim,...): \_\_\_\_\_  
Brick color(s): \_\_\_\_\_  
\*Painting of the exterior brick is **not** permitted\*

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.**

Has the work already been done: \_\_\_\_\_ When: \_\_\_\_\_

7. Homeowner's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 decision.**

**I understand that the Association/ACC is not responsible for ensuring compliance with any federal, state, county, or local laws/regulations/ordinances that may apply to my project.**

**I understand that the Association/ACC is not responsible to review the drainage implications of my proposed project. I am aware that if my project causes damages to my property and/or to adjoining properties due to altering drainage, I may be personally liable for such damages. By signing this application, I stipulate that the Association has advised me to consult with a drainage expert if my project affects or may affect drainage.**

\_\_\_\_\_  
(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.  
**PLEASE NOTE:** Once you have received the ACC decision and feel it necessary to discuss the disposition of this request; *you are encouraged to schedule a meeting with the Board of Directors through Management office at 281-855-9867.*

**ACC COMMITTEE COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED/DISAPPROVED** \_\_\_\_\_ **SIGNED OFF BY ACC COMMITTEE**  
Date

\*\*\*\*\*

**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 _____