

DATE : \_\_\_/\_\_\_/\_\_\_

# ARCHITECTURAL REVIEW AUTHORITY

TIME: \_\_\_\_\_



When we bought our property, we agreed to abide by the Declaration of Covenants, Conditions, and Restrictions (a.k.a. CCRs or Deed Restrictions). The Deed Restrictions protect our property values by keeping the community a highly desirable place to live. The ARA (Architectural Review Authority) approval must be obtained before the start of your project. Make your request as complete as possible and type or print legibly to avoid delay. Incomplete requests will be returned for additional information. Incorrect information or changes made after approval invalidates approval. The ARA tries to assure us that all changes to our properties conform to the appropriate Deed Restrictions. This form is valid for 6 months from the final approval date.

**CHECKLIST FOR SUBMISSION** START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ ENGLISH: \_\_\_\_\_ ESPANOL: \_\_\_\_\_

- 1) COMPLETED ARA REQUEST FORM
- 2) COMPLETE AND DETAILED IMPROVEMENT, BUILDING PLANS, MATERIAL LISTING AND SPECIFICATIONS
- 3) PROPERTY SITE/SURVEY PLAN SHOWING THE LOCATION OF THE PROPOSED IMPROVEMENT/PLAN
- 4) MATERIAL LISTING AND SPECIFICATIONS (IF APPLICABLE)

FAILURE TO SUBMIT THE REQUESTED ATTACHMENTS (ITEMS 1,2 &3) **BEFORE** CONSTRUCTION MAY RESULT IN DENIAL OF YOUR REQUEST FOR IMPROVEMENT. If any change is made without approval, the Committee has the right to tell the homeowner to remove the improvement from his property and return the property to its original condition. Any homeowner considering any exterior improvement to his/her property is urged to review the recorded deed restrictions before the initial request.

## RESIDENT INFORMATION - PLEASE PRINT

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Contact  Email  Phone

Do you occupy the residence:  YES  NO

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**BRIEFLY DESCRIBE THE IMPROVEMENT THAT YOU PROPOSE:**

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

**WHO WILL DO THE ACTUAL WORK ON THIS IMPROVEMENT:**

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

**LOCATION OF IMPROVEMENT (CHECK ALL AREAS THAT APPLY):**

\_\_\_ FRONT OF DWELLING \_\_\_ BACK OF DWELLING \_\_\_ SIDE OF DWELLING \_\_\_ GARAGE \_\_\_ PATIO

\_\_\_ ROOF OF DWELLING - COLOR \_\_\_\_\_ (SAMPLE BY PICTURE/COLOR REQUIRED)

\_\_\_ SOLAR SCREENS - INSTALLER \_\_\_\_\_ CONTACT: \_\_\_\_\_

\_\_\_ OTHER: \_\_\_\_\_

USE OF MODIFICATION: \_\_\_\_\_ NEW \_\_\_\_\_ EXISTING

**MATERIAL AND COLORS TO BE USED FOR THE IMPROVEMENT (CHECK ALL THAT APPLY): \*\***

\_\_\_\_\_ BRICK - COLOR \_\_\_\_\_      \_\_\_\_\_ WOOD - COLOR \_\_\_\_\_      \_\_\_\_\_ SIDING - COLOR \_\_\_\_\_  
 \_\_\_\_\_ EXT PAINT - COLOR \_\_\_\_\_      \_\_\_\_\_ TRIM - COLOR \_\_\_\_\_      \_\_\_\_\_ FASCIA - COLOR \_\_\_\_\_  
 \_\_\_\_\_ SOFFIT - COLOR \_\_\_\_\_      \_\_\_\_\_ GUTTER - COLOR \_\_\_\_\_      \_\_\_\_\_ OTHER - COLOR \_\_\_\_\_  
 \_\_\_\_\_ CEMENT FIBERBOARD - COLOR - \_\_\_\_\_

OTHER: \_\_\_\_\_

**\*\* SAMPLES OF COLORS ARE REQUIRED**

**FENCING:**

FENCE TYPE: \_\_\_\_\_ FENCE HEIGHT: \_\_\_\_\_ (INCLUDING BASE/TOP)

- I understand and agree that Sterling Green Community Improvement Association, its board of directors, its agent, committee, and staff have no responsibility for such compliance and that the board of directors or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any current law, code, regulation or governmental requirements.
- I understand that the ARA Committee will act on this request within 30 days of receipt/resubmission and contact me in writing regarding their decision. I agree not to begin property improvement without written approval from the ARA Committee. I understand that all construction will meet with county codes and that the ARA Committee approvals do not override the county codes but rather, are intended to work with them.

Homeowners Signature: <b>X</b>	Date:
<b>*****For ARA Committee Only: DO NOT WRITE BELOW THIS LINE*****</b>	
Committee Comments: _____ _____ _____ Notes: _____ _____ _____	Committee Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO  Incomplete: <input type="checkbox"/> _____ / _____ / _____  Resubmission Date: (If Applicable) _____ / _____ / _____ Committee Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO
Committee Signature: _____ Date: _____	
Committee Signature: _____ Date: _____	
Committee Signature: _____ Date: _____	

**Return this request, along with all supporting documentation, drawings, and photographs to:**

**Sterling Green CIA**

14807 S Silver Green Drive  
Houston, Texas, 77015

**OR**

Email to [officemanager@sterlinggreencia.com](mailto:officemanager@sterlinggreencia.com)

**281-860-0434**

**Directions:**

To be considered by the Architectural Review Committee your application must include the following:

- Plat Plan (survey) of your lot, with location of proposed modification marked
- Sketched, photographs, catalog illustrations etc.
- Dimensions and materials for the proposed improvement/repair
- Color of proposed improvements

An application submitted without all required information will be considered incomplete, in such cases, the Architectural Review Committee's thirty (30) day review period will not commence until all required submissions have been provided. Other exhibits may be requested to permit adequate evaluation of the proposed changes. If you have any questions regarding the required submissions or the application process, you are advised to seek guidance from the Office manager before submission of an application.