DATE OF SUBMISSION



ARCHITECTURAL REVIEW AUTHORITY

When each of us bought our properties, 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 prior to the start of your project. To avoid delay, make your request as complete as possible and type or print legibly. 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 final approval date.

END DATE.

CHECKLIST FOR SUBMISSION

- 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

FAILURE TO SUBMIT THE REQUESTED ATTACHMENTS (ITEMS 1,2 &3) **PRIOR** TO 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 prior to the initial request.

mer Name:				
dress:				
ferred Contact 🗆 Email 🛛 Phone	Do you occupy the residence: \Box YES	5 🗆 NO		
ail:	Phone #:			
IEFLY DESCRIBE THE IMPROVEMENT THAT	YOU PROPOSE:			
HO WILL DO THE ACTUAL WORK O	ON THIS IMPROVEMENT:			
CATION OF IMPROVEMENT (CHECK	K ALL AREAS THAT APPLY):			
_ FRONT OF DWELLING BACK OF DWEL	LLING SIDE OF DWELLING GARAGI	E PATIO		
_ ROOF OF DWELLING - COLOR	(Sample by Picture/Colof	R REQUIRED)		
_ SOLAR SCREENS - INSTALLER	cc	CONTACT:		
CATION OF IMPROVEMENT (CHECK FRONT OF DWELLING BACK OF DWEL ROOF OF DWELLING – COLOR	K ALL AREAS THAT APPLY): ELLING SIDE OF DWELLING GARAGE (SAMPLE BY PICTURE/COLOF	E PATIO R REQUIRED)	_	

____ OTHER ______

PESIDENT INFORMATION - DI FASE DDINT START DATE.

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:					
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 with respect to 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:		Date:	
X			
******For ARA Committee Only: DO NOT WRITE BEL	****		
Committee Comments:		Committee Approval:	
		🗆 YES 🗆 NO	
		Incomplete: 🛛	
Notes:		//	
	· · · · · · · · · · · · · · · · · · ·	Resubmission Date:	
Committee Signature:	Date:	(If Applicable)	
Committee Signature:	Date:	Committee Approval:	
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

<u>OR</u>

Email to officemanager@sterlinggreencia.com

281-860-0434