Homeowner Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Determination letters will be sent via email. If no email is provided, then a determination letter will be sent via US parcel mail.**

Proposed Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor/company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECTS SUBMITTED: (Please check all applicable items)**

\_\_\_\_ Landscape (Check One): \_\_\_\_ Front \_\_\_\_ Rear \_\_\_\_ Side \_\_\_\_ Other

\_\_\_\_ Pool/Spa Equipment \_\_\_\_ Patio/ Patio Cover

\_\_\_\_ Satellite Dish/TV Antenna Front \_\_\_\_ Gazebo

\_\_\_\_ Fence/Gate Mesh/Wall \_\_\_\_ Paint Exterior (Paint Samples Required)

\_\_\_\_ Solar Panels/Screens \_\_\_\_ Water well

\_\_\_\_ Rain Harvesting Device \_\_\_\_ On-site Sewage

\_\_\_\_ Driveway work (\_\_\_\_Concrete \_\_\_\_Brick) \_\_\_\_ Barn

\_\_\_\_ Other – (Including external garages, outbuildings, significant additions, etc.) Please provide details below

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

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**PLEASE COMPLETE THE FOLLOWING:**Are existing improvements (installed prior) shown on the submitted plans? \_\_\_\_ YES \_\_\_\_ NO

**Any items missing from this checklist will deem the Architectural Control request as incomplete**

A. All pages completely filled out \_\_\_\_
B. Original submittal and a copy of construction plans/drawing attached \_\_\_\_
C. Location, topography, finished grade elevations, setbacks, and corresponding dimensions noted on the attached plans \_\_\_\_
D. Measurements of improvement, with relation to unit and neighboring residences \_\_\_\_
E. Color photos of material, material quality, color schemes and type of plant material \_\_\_\_

**Initial each statement below:**

\_\_\_\_\_\_ Homeowners remain permanently responsible for the maintenance and upkeep of all additions and modification to their property.

 \_\_\_\_\_\_ The submission of this Forms does not initiate the proposed project. Project may only commence upon receipt of an authorization notification by the ACC, which must occur within 30 days of initial submission of this form. Additional requests may be made of the homeowner prior to commencing a proposed project.

**Please sign this form and return it to the Architectural Control Committee. Your signature acknowledges that:**

1. Your project will not commence until final authorization by the ACC.
2. You will make every attempt to comply with the process and requests by the ACC.

3. You have the right to appeal ACC requests or decisions to the Ranchcrest HOA Board of Directors through an appeals process outlined in the Ranchcrest Protective Restrictions and Texas State law.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the legal homeowner in the Ranchcrest Homeowners Association, acknowledge and agree to the above conditions.

**Homeowner(s) Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form(s) by USPS or email to: Any/all current ACC members**

**rstanton@armstrongwaco.com****;** **kyle\_marlin@yahoo.com****;** **terryoster@gmail.com****; hoss24tx@aol.com**

**DO NOT WRITE BELOW THIS LINE**

DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED: YES/NO**

**ADDITIONAL INFORMATION REQUIRED**: **YES / NO**
**DATE ADDITIONAL INFO REQUESTED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **APPROVED WITH CONDITIONS**: **YES / NO**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**APPROVED BY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_