

**PARKER PLACE OF BEXAR COUNTY OWNERS ASSOCIATION**  
**Architectural Request for Improvement and Reply form**

Lot Owner: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

Submit Request Form with detailed construction plans and mark on survey plat map where modifications will take place.

New House

Detached Garage or Carport

Fence

Driveway

Other (please describe) \_\_\_\_\_

Start date \_\_\_\_\_ Signature of Owner \_\_\_\_\_

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**FOR ACC USE ONLY:**

Request:      Approved      Approved with conditions      Denied

If request approved with conditions, state required conditions below:

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If request denied, state changes required for request to be reconsidered for approval:

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**Committee Member**

**Date**

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**Committee Member**

**Date**