Riverhill Oaks Homeowners Association
Architectural Review Authority
P.O. Box 293693
Kerrville, TX 78029

APPLICATION FOR ADDITIONS AND/OR CHANGES TO RESIDENCE/PROPERTY
Revisions as of 05-2025

Name(s):

_____

Address:

_____

Mailing Address (if different):

_____

Home Phone: _____ Cell Phone(s): _____

E-Mail Address: _____

Description of Renovations Proposed for this Property:

*Please provide a description of the proposed changes/additions/renovations to subject property.

*Refer to the Declaration of Covenants, Conditions and Restrictions (CCR's) Article VII,
 Architectural Review Authority, for complete information regarding project submittal requirements.

*External appearances and colors are relevant; please submit color samples.

*Will this project include a generator and/or propane tank   □ Yes   □ No
  (If yes, please refer to the CCR's, Article VI, Section 28 for requirements)

*Professionally prepared plans & specifications may be necessary in some cases.

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(Please use additional pages if needed)

Submittal to the Architectural Review Authority (ARA) is required and final approval from the HOA Board **must be obtained** before I may proceed with my project. HOA approval does not constitute approval by the City of Kerrville, which may be more restrictive than the HOA Bylaws, Covenants, Conditions & Restrictions (CCRs). I may also be required to obtain permits, licenses, pay fees, and/or obtain other professional opinions or certifications.

If my project is approved, I will complete the project as per my submittals herein within 6 months (extension may be requested with proper details). I understand that the project site is to be kept clean and free of debris at all times, especially on adjoining properties, and it is my responsibility to inform anyone performing the work.

Property Owner (s) to Sign Name(s) & Date

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Application may be mailed to

P.O. Box 293693, Kerrville, TX 78029
Or delivered to any member of the Architectural Review Authority

Architectural Review Authority Signatures

□ Yes   □ No   _____ Date: _____

□ Yes   □ No   _____ Date: _____

□ Yes   □ No   _____ Date: _____

□ Yes   □ No   _____ Date: _____

□ Yes   □ No   _____ Date: _____

To be completed by the Riverhill Oaks HOA Architectural Review Authority:

APPROVED _____ DATE: _____

APPROVED WITH CONDITIONS _____ DATE: _____
(see attached conditions for approval)

DENIED: _____ DATE: _____
(see attached reasons for denial)

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Date Submitted to HOA Board _____

BOARD ACTION

APPROVED _____ DATE: _____

DENIED _____ DATE: _____

DATE:_____

Signature(s) – President/VicePresident, or Secretary)

_____

Date returned to Owner _____ with copy to ARA Chair