APPLICATION FOR ARCHITECTURAL CHANGE

TO: Arbor Lakes Addition Homeowner Associations, Inc. Architectural Control Committee
P.O. Box 2120
Allen, TX 75013
(469) 395-9474

FROM: _____ PHONE: HOME _____

ADDRESS: _____ PHONE: WORK _____

_____ LOT NO. _____ BLOCK _____

EMAIL: _____

Directions: (Please print or type)

1. Please use area below to **briefly** describe all proposed improvements, alterations or changes to your lot or home.
2. Attach required detail by sketches, drawings, clippings, pictures, catalog illustrations and other data. Show location of item on your property on a copy of the survey.
3. Application and accompanying forms must be submitted in duplicate.

_____

_____

_____

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Signatures:

Notification is required from at least the owners of four (4) properties who are most affected because they are adjacent and/or have a view of your proposed change. Should one of your neighbors disapprove, they may notify us of the reason for their disapproval by calling or writing Arbor Lakes HOA or the Board of Directors. (See above address & phone number.) Their signatures indicate an awareness of your intent and does not constitute or indicate approval or disapproval.

Name: _____ Name: _____
Address: _____ Address: _____
Lot No: _____ Lot No. _____

Name: _____ Name: _____
Address: _____ Address: _____
Lot No: _____ Lot No. _____

Name: _____ Name: _____
Address: _____ Address: _____
Lot No: _____ Lot No. _____

Owners Acknowledgments:

I understand:

1. . . . that nothing herein contained shall be construed to represent that alteration to land or buildings in accordance with these plans shall not violate any of the provisions of building and zoning codes of the county to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restrictions;
2. . . . that no work on this request shall commence until I have received written approval of the Architectural Control Committee;
3. . . . that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed; that; if alterations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part; and that I may be required to pay all legal expenses incurred;
4. . . . that any approval is contingent upon construction or alterations being completed in a workmanlike manner;
5. . . . that members of the Architectural Control Committee are permitted to make a routine inspection;
6. . . . that a copy of this application will be returned to me after review by the Architectural Control Committee;
7. . . . that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.
8. . . . that the alteration authority granted by this application will be revoked automatically if the alterations requested have not commenced within thirty (30) days of the approved date of this application and/or completed by any date specified by the Committee;
9. . . . that all proposed improvements must meet city, state and local codes. My signature indicates that these standards are met to the best of my knowledge. I understand that applications for all required building permit(s) are my responsibility;
10. . ..that any variation from the original application must be resubmitted for approval.
11 . . .if approved, said alteration must be maintained the Declaration of Covenants, Conditions and Restrictions for Arbor Lakes HOA.

Owner/Applicant Signature: _____

Date: _____

Co-Owner/Applicant Signature: _____

Date: _____

Attachments: ( ) Sketch, photo, catalog illustrations, etc.
( ) Copy of survey marked with change being requested.

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FOR COMMITTEE USE ONLY:

Approved: _____
Disapproved: _____
Comments: _____

BOARD OF DIRECTORS:

Approved: _____
Disapproved: _____
Comments: _____