



C.I.A. Services
 SYSTEMS | STRUCTURE | STEWARDS

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HOME IMPROVEMENT REQUEST

Twin Oaks Village Community Association

All exterior modifications to your property must be approved in advance by the Architectural Control Committee. The ACC will review your request to make sure that the improvement will be done in a professional, sound manner and will fit in with the aesthetics of the community. Please provide as much detail as possible so that the ACC can properly understand your request. Without a complete description of your request, the form will have to be returned for more information. After you've filled out this form, please return it to the address shown below. Thank you for your cooperation and concern for your community.

OWNER NAME _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

PHONE (home) _____ (office) _____

DESCRIBE THE IMPROVEMENT (you must be specific - attach a sketch, drawing or photo)

LOCATION OF THE IMPROVEMENT (attach a plot plan or sketch of location on property)

MATERIALS TO BE USED (attach sample if appropriate)

Paint (color sample **required**) Base _____ Trim _____

Roof Shingles: Manufacturer _____ Color _____ Warranty _____

Lumber (type/grade) _____

Brick (type/color) _____

Cement _____

Pipe _____

Electrical _____

Other _____

COMMENTS

PLANNED START DATE _____ EXPECTED COMPLETION DATE _____

According to the Deed Restrictions, the Architectural Control Committee has **up to 30 days** after receipt of this application to make a decision, so please submit the request far enough ahead of time. For your own protection, make sure you don't start the improvement until you have received proper approval. The more detail you provide about your improvement, the easier it will be to understand what you plan to do and to make a decision.

SIGNATURE: _____ DATE: _____

-----Please Do Not Write Below Line-----

Account _____ VRefNo _____
Date Received _____
Date sent to ACC _____
Date of ACC Decision _____
Date Returned to Homeowner _____

COMMENTS CONCERNING REQUEST

ACC DECISION

- APPROVED without conditions
- APPROVED with the conditions noted below
- DISAPPROVED for the reasons noted below
- DISAPPROVED because more information is needed as described below

Review Signature and Date:

ACC Signature and Date:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____