## **CIMARRON CIA**

## REQUEST FOR HOME IMPROVEMENT APPROVAL MASC AUSTIN PROPERTIES, INC.

945 ELDRIDGE ROAD \* SUGAR LAND, TX 77478 \* TELEPHONE: 713-776-1771 \* FAX: 713-776-1777

In an effort to provide and protect each individual homeowner's rights and values, it is required that any homeowner considering improvements (examples: exterior painting, patio covers, outside buildings, fences, decks, basketball goal, etc.) of their deeded property, submit a Request for Home Improvement Approval to the Architectural Control Committee for approval of the Homeowner's Association prior to initiating work on planned improvements. If any change is made that has not been approved, the committee has the right to ask the homeowner to remove the improvement from the property.

Please fill out this form in complete detail, sign, and return to the above address.

Comments:

Owner's Name		Pr	Property Address	
Mailing Address (if different)			Home Phone	
Mailing Address (if different) Home F Work Phone Cell Phone I			Email Add	ress:
Who will do the	actual work on this	s improvement?	· · · · · · · · · · · · · · · · · · ·	
<ol> <li>A Pho</li> <li>Paint</li> <li>Plan a</li> <li>Manu</li> <li>Please</li> <li>Notes:</li> <li>Only r</li> <li>Any ir past th</li> </ol>	and/or stain color s and elevation drawing facturers' brochures e consider sending muted paint colors a mprovement over so the left or right side of	urvey (issued at closing) or a han amples.  ngs of improvements specifying descriptions when available.  photographs to illustrate existing are allowed such as grays, browns ix feet tall placed in the backyard walls of the house in order to several	imensions and construction unusual conditions.  s, and beige, but these can be described its visibility from the conditions.	an be slightly tinted with other colors. s, swing sets, gazebos, etc.) must not extend om the front street.
Detailed improv	vement description:			
Location of Imp	provement (attach a	plot survey or sketch of location of	on property):	
Dimensions of	improvement (inclu	ding height):		
Colors of house Paint:	e presently (must b	e completed): Brick:	Roof:	
		llowing areas (if they apply):	im:	
(main woo	den portion of the	Tr e house and exterior doors)	(soffit, fascia boa	ards, exterior doors and window trim)
If replacing th	e roof, please fill	out the following:		
			Weight of the roofing material:	
Manufacture's	color name:		Other:	
	ontact me regardir			but will act upon this request as quickly as s or improvements until the ACC informs me
-	Signature of Ho	meowner	Start Date	Completion Date
Submit to:		Properties, Inc., 945 Eldridge R		7478
**************	***************		ROL COMMITTEE USE ON	
ACC Signature	):	Date	:	(circle) APPROVED/DENIED