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.

| N / _ : I: | r's Name | Pr | operty Address | |
|--|---|--|---|------------------------------------|
| viaiiin | g Address (if different) | | Home Phone | |
| Nork | Phone | Cell Phone | Email Address: | |
| Nho v | vill do the actual work on this in | mprovement? | | |
| Addit | ional Items Required (as app | ropriate): | | |
| 1. | A Photocopy of your lot sur | vey (issued at closing) or a han- | d drawing, showing the location | and size of the improvement. |
| 2. | Paint and/or stain color san | nples. | | |
| 3. | Plan and elevation drawing | s of improvements specifying di | mensions and construction mat | terials. |
| 1. | Manufacturers' brochures when available. | | | |
| 5. | Please consider sending pl | notographs to illustrate existing | or unusual conditions. | |
| Notes | • . | 3 . | | |
| 1. | Only muted paint colors are | e allowed such as grays, browns | s, and beige, but these can be s | slightly tinted with other colors. |
| 2. | Any improvement over six feet tall placed in the backyard (such as storage sheds, swing sets, gazebos, etc.) must not | | | |
| | past the left or right side wa | alls of the house in order to seve | rely reduce its visibility from the | e front street. |
| | · | lat auriou an alcatala af la cation a | | |
| Locati | on of improvement (attach a p | lot survey or sketch of location of | , | |
| | | | | |
| Dimer | nsions of improvement (including | ng height): | | |
| Colors | s of house presently (must be | ng height): completed): | | |
| Colors | s of house presently (must be | ng height): | | |
| Colors Paint: | s of house presently (must be | ng height): completed): Brick: | | |
| Colors Paint: State Main: | color to be used in the follo | ng height): completed): Brick: wing areas (if they apply): Tri | Roof: m: | |
| Colors Paint: State Main: | of house presently (must be | ng height): completed): Brick: wing areas (if they apply): Tri | Roof: m: | |
| Colors Paint: State Main: (n | color to be used in the follonain wooden portion of the lacing the roof, please fill or | completed): Brick: bwing areas (if they apply): Trinouse and exterior doors) ut the following: | m:(soffit, fascia boards, e | exterior doors and window trim) |
| Colors Paint: State Main: (n f rep | color to be used in the follonain wooden portion of the lacing the roof, please fill out facture's name of material: | completed): Brick: Brick: Tri nouse and exterior doors) ut the following: | m: (soffit, fascia boards, e | exterior doors and window trim) |
| Colors Paint: State Main: (n f rep | color to be used in the follonain wooden portion of the lacing the roof, please fill out facture's name of material: | completed): Brick: Brick: Tri nouse and exterior doors) ut the following: | m: (soffit, fascia boards, e | exterior doors and window trim) |
| Colors Paint: State Main: (n f repl Manu: Manu: Manu: unde | color to be used in the followanian wooden portion of the lacing the roof, please fill out facture's name of material:facture's color name: | completed): Brick: bwing areas (if they apply): Tri house and exterior doors) ut the following: Control Committee (ACC) has | m: Roof: (soffit, fascia boards, e Weight of the roofing n Other: s up to thirty (30) days but wi | exterior doors and window trim) |

ARCHITECTURAL CONTROL COMMITTEE USE ONLY

ACC Signature: ______ Date: _______ (circle) APPROVED/DENIED

Comments: ___