

# ARCHITECTURAL REQUEST FORM

## Lifestyle Accessories Construction Application Form

Request must be submitted at least 30 days prior to beginning construction or improvement. No work can commence without written approval.

**Association Name:** HARPER'S PRESERVE COMMUNITY ASSOCIATION, INC.

**Name:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address :** \_\_\_\_\_

The inclusion of an e-mail address authorizes the Architectural Control Committee to use electronic mail for official responses to this request.

The **Declaration of Covenants, Conditions and Restrictions** (the "Deed Restrictions") for the Harper's Preserve HOA specifies that all improvements as defined in the Deed Restrictions must be approved in writing by the Architectural Control Committee before their improvement begins. To assist in your compliance with this restriction, complete this form and submit it with your plans and specifications for the proposed improvement.

**The plans and specifications will not be considered complete without the following items:**

- A **plot plan** or **survey** showing the location and dimensions of all existing and proposed improvements.
- Structural design, exterior elevations, exterior materials, colors, textures and shapes** of all improvements described.
- Swimming Pool Applicants ONLY:** Pools require a refundable **\$1000.00 deposit**
- Estimated **time frame for completion** of project: \_\_\_\_\_

**WORK CANNOT COMMENCE BEFORE 7:00AM and MUST STOP BY 7:00PM**

### APPROVAL REQUESTED :

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> BASKETBALL GOAL   | <input type="checkbox"/> FENCE           | <input type="checkbox"/> LANDSCAPING        | <input type="checkbox"/> PLAYSCAPE     |
| <input type="checkbox"/> IRRIGATION SYSTEM | <input type="checkbox"/> DECK            | <input type="checkbox"/> DRIVEWAY EXTENSION | <input type="checkbox"/> EXT. PAINTING |
| <input type="checkbox"/> STORAGE SHED      | <input type="checkbox"/> EXT. REMODELING | <input type="checkbox"/> SWIMMING POOL      | <input type="checkbox"/> OTHER _____   |
| <input type="checkbox"/> OTHER _____       |  |   |  |

### DESCRIPTION OF IMPROVEMENT:


### ACC COMMITTEE RECOMMENDATION:

**Approved** – Contingent upon the following criteria and must comply with the Community Guidelines and DCCRs

**Not Approved** - Based on the following criteria:


**ACC Member Signature:**

**Date ACC Signed:**

RETURN BY MAIL/DROP OFF/EMAIL TO:

FirstService Residential

2204 Timberloch Place, Suite 180 • The Woodlands, TX 77380 • Tel: 281.681.2000 • Fax: 888.569.1155

Email: [brittany.black@fsresidential.com](mailto:brittany.black@fsresidential.com) [alex.chavez@fsresidential.com](mailto:alex.chavez@fsresidential.com)