The Woods Subdivision Owner's Association

Architectural Control Committee (ACC) Approval Request

According to the Declaration of Covenants, Conditions and Restrictions (CCRs) all improvements, repairs, or modifications to property that alter the existing architectural plan or color scheme of the property must be approved by the Architectural Control Committee (ACC) BEFORE any work commences. All requests must conform to the applicable set back lines, and CCR restrictions (See Article VII, Paragraphs 1 – 15 of the CCRs). Please be advised that the ACC has up to 30 days to approve or deny your request. Upon approval, construction will proceed as submitted and not extend longer than 6 months. Please plan accordingly.

As a show of compliance, a sign will be placed in your front yard until the time of completion. Upon completion a review and sign-off is required by the ACC. Any additional requirements will be listed in the Comments Section.

Owner's Name: ____ Phone: _________________________

Property Address: ____ Lot # ___________

Briefly describe your project in the box below. Use an additional sheet if necessary. Please attach plans, sketches, pictures, bids, etc. of proposed work. Please include actual paint, stain, and shingle/metal roofing colors if applicable as well as types of materials which will be used in the proposed work. **Structures, Fences, and Designated Storage Areas**: Please also include a diagram on the survey/drawing of your lot showing where on the property the improvement will be located. If you plan to add a **pond, pool or water feature**, the first approval must be received from the Woods Water Board. Contact an ACC member for additional information or questions regarding this form.

Who will be performing the work?	
Intended Date for Work to Begin:	
Intended Completion Date:	

I understand that The Woods ACC will act upon this request as soon as possible, but has up to 30 days to make a decision regarding this request. I understand that I may have to remove, undo, or change any modifications that occur prior to receiving ACC approval. If this request is being submitted via email, my typed signature below shall serve as my signature.

____ _____________________

Homeowner Signature Date

RETURN COMPLETED FORM TO THE ACC CHAIRMAN

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Date Form Received: ___________________________ Date Form Answered: ______________________________

Joseph Parke (830) 496-1337 □ Approved □ Disapproved

□ Approved □ Disapproved