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**HOME IMPROVEMENT REQUEST for Heathlake Community Association, Inc.
(Serving Heathwood, Lakeview Forest and Woods of Lakeside)**

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 above. Thank you for your cooperation and concern for your community.

OWNER NAME (PRINT):

PROPERTY ADDRESS:

MAILING ADDRESS:

PHONE : (home) (office) (cell)

EMAIL:

DESCRIBE THE IMPROVEMENT (be specific- attach a sketch, drawing, plans, photo or brochure.)

LOCATION OF THE IMPROVEMENT (Must include property survey with sketch showing location of improvement on property... also applies to new or replacement fences)

MATERIALS TO BE USED (attach sample or brochure, if appropriate)

Paint (paint color chips **required**): Manufacturer (e.g Behr) Base Color
Trim Color Accent Color Finish (e.g. Satin)

Location on house for Each Color:

Roofing: Manufacturer (e.g GAF) Series (e.g. Timberline)
Style (e.g. Ultra HD) Color (e.g. Weatheredwood)
Warranty (e.g. 30 year or Lifetime)

Lumber / Hardiplank : (type/grade)

Stucco: (color)

COMMENTS:

Re.: HEATHLAKE COMMUNITY ASSOCIATION

PRINT LAST NAME : _____

WHO WILL DO THE WORK: _____

HOMEOWNER SHOULD NOT RELY ON CONTRACTOR TO OBTAIN HOA APPROVAL FOR WORK. IT IS THE HOMEOWNERS RESPONSIBILITY TO SUBMIT THIS FORM.

PLANNED START DATE _____ EXPECTED COMPLETION DATE _____

PROJECT MUST BE COMPLETED WITHIN 30 DAYS OF APPROVAL. If longer time frame is needed, please state below reason for extension and anticipated time needed.

The Architectural Control Committee has **up to 30 days** *after receipt of a completed application* to make a decision, so please submit the request far enough ahead of time. For your own protection, do not start the improvement until you have received written 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: _____