

REQUEST FOR IMPROVEMENT APPROVAL

In an effort to provide and protect each owner's rights and values, it is required that any owner or group of owners considering improvement and/or change of their property, other than landscaping, must submit a REQUEST FOR IMPROVEMENT, APPROVAL FORM to the Architectural Control Committee (ACC) for the planned improvements and/or changes. If any change is made that has not been approved, the Committee has the right to ask the owner to remove the improvement and/or change from the property. COMPLETE THIS FORM IN DETAIL. IF NOT COMPLETED IT CANNOT BE PROCESSED, AND THUS DENIED.

NAME OF OWNER: _____ PHONE # _____
 PROPERTY ADDRESS: _____ PHONE # _____
 MAILING ADDRESS OF NOT PROPERTY ADDRESS) _____
 ASSOCIATION NAME _____ SECTION/BLOCK/LOT ___/___/___

1. Type of Improvement: Be specific as to the work to be done:

Paint	Roof	Pool/Spa
Patio/Gazebo	Storage Shed	Playground Equipment
Landscape figurines	Deck	Permanent Basketball Goal
Antenna/Satellite Dish	Fence	Portable Basketball Goal
Other (please specify)		

2. Who will do the actual work on this improvement? _____

3. On the back side of this form draw a sketch of the proposed project. Be sure to show street, house, and lot lines. If the addition will be a room added to the home, or is a patio cover, shed, basketball goal, fencing or similar addition, draw two views of the proposed project from two angles showing its relationship to the home and property lines. ALSO ATTACH A COPY OF THE PLAT.

LOCATION INFORMATION: (please mark appropriate location)

Front of house	Side of house	Back of house	
Size of structure	Height:	Width:	Length:

4. What is the color of the bricks on the house? _____

5. Material necessary for proposed improvement/change. If not listed in drawing list each item: ATTACH TWO (2) SAMPLES OF EACH PAINT COLOR AND/OR SHINGLE TO BE USED.

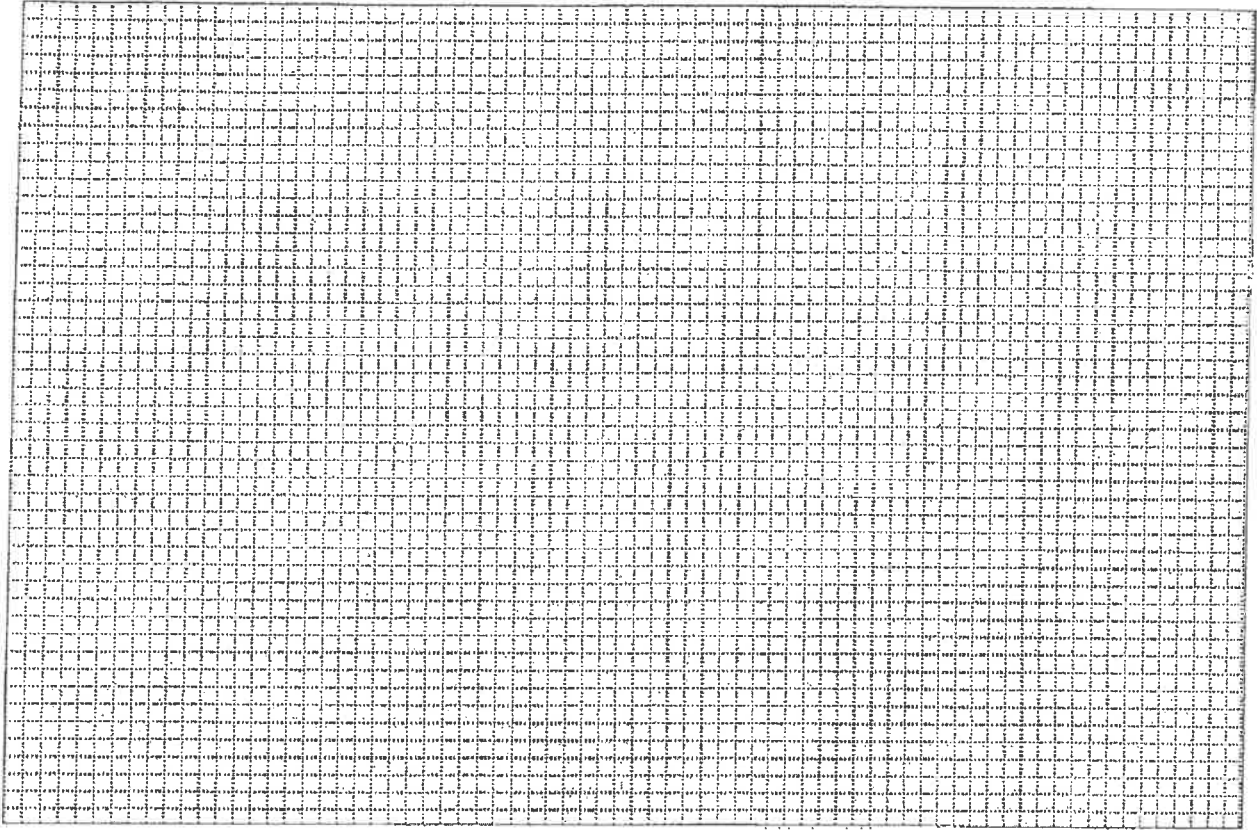
MATERIAL	EXTERIOR COLOR SCHEME
Paint:	House Color:
Paint:	Trim Color:
Stain:	Garage Color:
Lumber:	Trim Color:
Shingles:	
Other:	

I understand that the Association ACC will act on this request as quickly as possible and contact me regarding their decision. I agree not to begin property improvements/changes until the ACC notifies me on their approval.

Signature of Owner _____ Proposed Construction Date _____ Proposed Completion Date _____

RETURN TO: KINGWOOD ASSOCIATION MANAGEMENT
 1075 KINGWOOD DRIVE, SUITE 100
 KINGWOOD, TX 77339

PHONE: 281-359-1102
 FAX: 281-359-8067



..... DO NOT WRITE PAST THIS POINT
Declaration of Covenants, Conditions and Restrictions Page: _____

FOR ACC USE ONLY (please mark decision) Date: _____

_____ Approved _____ Rejected

ACC Member Signature

ACC Member Signature

ACC Member Signature

COMMENTS: (CONDITIONAL APPROVAL, REASON FOR REJECTION, ETC.)

DO NOT WRITE PAST THIS POINT

FOR KAM USE ONLY
RECEIVED DATE: _____
ACCOUNT NUMBER: _____