



North Houston Office
18333 Timber Forest Drive
Humble, Texas 77346

Phone: 713-981-9000
CustomerCare@ciaservices.com
www.ciaservices.com

Home Improvement Request

Atascocita Trails HOA

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 _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

PHONE (home) _____ (office) _____

DESCRIBE THE IMPROVEMENT (you must be specific - attach a sketch, drawing or photo)

Who will be doing the actual work on this improvement? _____

LOCATION OF THE IMPROVEMENT/MODIFICATION (attach a plot plan or a sketch of location on property).

MATERIALS TO BE USED (attach sample if appropriate)

Paint (color sample required) Base _____ Trim _____

Roof Shingles (sample required): Manufacturer _____ Color _____

Warranty _____

Lumber (type/grade) _____

Brick (type/color) _____

Cement _____

Electrical _____

Other _____

OTHER INFORMATION

The Architectural Control Committee has 30 days from receipt of a completed application to provide written notification of its decision on an application. Do not begin construction prior to receipt of a letter approving the application. If you do not receive a letter within 30 days, plus allowance for mailing time, please contact the office at the phone number at the top of the first page.

Submitted by: _____ Date: _____

PLEASE DO NOT WRITE BELOW LINE

Account: _____
VRefno: _____

Received: _____
To ACC: _____
Decision: _____
Response: _____

COMMENTS CONCERNING APPLICATION

Review Signature: _____ Date: _____

DECISION

- APPROVED without conditions
- APPROVED with the conditions noted below
- DISAPPROVED for the reason(s) noted below
- DISAAPROVED because more information is needed as described below

ACC Signature: _____ Date: _____

ACC Signature: _____ Date: _____

ACC Signature: _____ Date: _____