**ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW**

Note: To avoid delay, make request as complete as possible or it will be returned for more information or denied as appropriate. Deed restrictions specify that approval must be obtained prior to construction/improvement.

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| --- | --- | --- |
| Current Date: | Click or tap here to enter text. |  |
| Homeowner Name: | Click or tap here to enter text. |
| Property Address: | Click or tap here to enter text. |
| Mailing Address (if different): | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Email Address: | Click or tap here to enter text. |
| Project Name: | Click or tap here to enter text. |
| Describe Modification/Improvement Project, including dimensions, colors, locations and materials involved: |
| Need install Solar panels on my roof |
| Project preferred start date:  | Click or tap here to enter text. | Estimated completion date: | Click or tap here to enter text. |
| Name, address, phone number (s) of Contractor (s) performing work: |
| Click or tap here to enter text. |
| Has owner reviewed the Declaration of CC&Rs for the Association?  |[ ]
| Was the City of Fort Worth contacted about necessary permits? |[ ]
| Will modification/improvement be visible from a neighboring property? |[ ]
| Will this project require temporary removal of fence? |[ ]

* Attach copy of Contractor’s plans and/or drawings for any added structures
* Attach copy of plat survey indicating where modification/improvement will occur
* Additional landscaping must indicate name of plants or trees to be added

By signing and submitting this application I acknowledge that the information provided is correct and I agree to all term within this agreement. I understand that the Architectural Control Committee (ACC) will act on this request and contact me in writing regarding their decision. I understand that the ACC has up to 60 days to review the application. I agree not to begin work on this improvement prior to receiving a writing approval from the Architectural Control Committee. I understand if any change is made without approval, I may be required to remove the improvement from my property at my expense. I also understand that all construction must comply with the Association Governing Documents and all City codes. The ACC does not override any City codes and the approval from the ACC is not approval from the City. Prior to any commencement of work, I agree to obtain necessary permits from the City. I agree not alter existing drainage patterns on my lot without approval from the Board of Committee. I understand that approval is not guarantee of structural safety or engineering soundness. I understand that failure to comply with all items in the agreement will result in withdrawal of approval.

|  |  |
| --- | --- |
| Property address: | Click or tap here to enter text. |
| Signed: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |

This application must be mailed or emailed to: Settlement Plaza Residential, HOA

 PO Box 150126

 White Settlement, TX 76108

 settlementplazahoa@yahoo.com

|  |  |
| --- | --- |
| Date Received by Settlement Plaza Residential: |  |

For ACC Committee Use Only

ACC Decision (circle one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | APPROVED |  | DISAPPROVED |  | DENIED PENDING MORE INFO |

ACC authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons or Conditions: