



Architectural Control Committee Request Form

Association Name: _____

Owner: _____

Property Address: _____ Zip: _____

Phone: Home- _____ Work- _____ Cell- _____

Mailing Address (if different from property address): _____ Zip: _____

Email Address: _____

Contractor/ Company Information:

Contractor/ Company Name: _____

Phone: _____ Email: _____

Web Site: _____

Project Start Date: _____ Project End Date: _____

How will the contractor be accessing the property for the project? (Homeowners are responsible for their contractor repairing any damage caused to the property while accessing.)

I WOULD LIKE TO REQUEST APPROVAL FOR THE FOLLOWING SUBMISSION:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Solar Screens | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Storm Door |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Patio/Deck |
| <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Other: _____ |

Description and reason for request: _____

THE FOLLOWING ITEMS MUST BE SUBMITTED IN ORDER FOR THIS FORM TO BE CONSIDERED:

- ✓ A completed ACC Request Form
- ✓ A description of the project (height, width and depth, materials, colors, style, roof type & color, etc.)
- ✓ Paint samples, pictures/drawings of the project
- ✓ **A PLOT PLAN OR SURVEY SHOWING THE EXACT LOCATIONS OF ALL EXISTING IMPROVEMENTS AND WHERE THE NEW IMPROVEMENTS WILL BE LOCATED.**

Send request to: **Goddard Management, LLC.**
 P.O. Box 154
 Red Oak, TX 75154
Phone: 972-920-5474
Fax: 972-230-7758

Or send via email to: rosie@goddardtx.com, katy@goddardtx.com, samantha@goddardtx.com,
ashle@goddardtx.com, shania@goddardtx.com

Owner Signature: _____ Date: _____

Committee Use:

Date Received: _____

- APPROVED APPROVED WITH STIPULATIONS DENIED DENIED – INSUFFICIENT INFORMATION

Comments/Suggestions: _____

ACC Representative Signature: _____ Date: _____