

Wind River Estates Homeowners Association Application for Home Improvement

DATE: _____
NAME: _____
ADDRESS: _____
PHONE: HOME _____ CELL _____
WORK _____ FAX _____
EMAIL: _____

APPLICABLE ITEMS REQUESTED (please check):

Modification to residence	_____	Fences/retaining walls/planters	_____
Landscaping	_____	Fence Staining	_____
Pool/Spa	_____	Patio Extension	_____
Arbor/Patio Cover	_____	Shed	_____
Basketball goal	_____	Trampoline	_____
Other Items:	_____		
Brief Description:	_____		

SPECIFICATIONS

Fencing:

Height _____
Length _____
Material _____
Stain finish Color _____

Roof:

Material _____
Color _____
Warranty _____

Building Exterior:

Material _____
Color Scheme: _____
Exterior Walls _____
Trim _____
Other _____

Other Structures:

Dimensions _____
Siding Material / Color _____
Roof Material / Color _____

Playground/Recreational Equipment:

Dimensions _____
Color _____

Patio Extension/Cover:

Dimensions _____
Color _____

Arbor:

Dimensions _____
Finish Color _____
Pole Material _____
Roof Material _____

Landscape Improvements:

Tree Types _____
Color _____
Dimensions _____
Retaining Walls/Planter Material _____

Contractor's Name: _____
Address: _____
Phone: _____

Wind River Estates Homeowners Association

Owner's Acknowledgements:

I understand: (Please initial each)

1. _____ that all proposed improvements must meet city, state and local codes. My signature indicates that these standards are met. I understand that all required permit(s) are my responsibility.
2. _____ that any variation from the original application must be resubmitted for approval.
3. _____ that no work on this request shall commence until written approval has been received.
4. _____ that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed; that if alterations are made, I may be required to return the property to its former condition at my own expense if this application is denied wholly or in part, and that I may be required to pay all legal expenses incurred.
5. _____ that any approval is contingent upon construction and alterations being completed in a workmanlike manner.
6. _____ that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.
7. _____ that nothing herein contained shall be construed to represent that alterations to land or buildings in accordance with these plans shall not violate any of the provisions of building and zoning codes of the country to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restrictions.

Neighbor Signatures are a common courtesy and ONLY indicates an awareness of your neighbors' intent to make the proposed change and does not constitute or indicate approval or disapproval by the committee

Neighbor Signature: _____ Date: _____

Address: _____

Neighbor Signature: _____ Date: _____

Address: _____

Neighbor Signature: _____ Date: _____

Address: _____

A complete set of working plans must be filed with this application (this should include plat plans, building floor plans, complete building elevations, dock, grading and improvement plans and specifications). Samples of roofing materials and exterior color samples must be submitted and approved before use. Additionally, landscape plans (including landscape and softscape) must be included with the final submittal.

Signature of Owner(s): _____ Print Name(s) _____

Please return this form to: Lone Star Association Management
2500 Legacy Drive, Suite 220
Frisco, Texas 75034
Office: 469-384-2088
Fax: 469-384-4653

WIND RIVER ESTATES HOMEOWNERS

ARCHITECTURAL CONTROL COMMITTEE (USE ONLY)

HOMEOWNER'S NAME: _____

ADDRESS: _____

COMMITTEE ACTION: ___ **APPROVE** ___ **DENIED** ___ **INCOMPLETE**

Stipulation/Reason: _____

Authorized Signature: _____
Print Name: _____
Date: _____

Authorized Signature: _____
Print Name: _____
Date: _____

Authorized Signature: _____
Print Name: _____
Date: _____

Authorized Signature: _____
Print Name: _____
Date: _____

Authorized Signature: _____
Print Name: _____
Date: _____