

HOME IMPROVEMENT REQUEST FORM

UNIT____BLOCK____LOT____

RETURN FORM TO:

Bluffview Heights Homeowners Association, Inc.
Architectural Control Committee
7613 Tezel Rd.
San Antonio, Texas 78250
(210) 523-1320 FAX (210) 523-0381

Received by M.P. of Texas_____

Received by ACC_____

E-mail mpotacc@swbell.net

TO PROTECT OWNERS' RIGHTS AND VALUES, IT IS REQUIRED THAT ANY OWNER OR GROUP OF OWNERS WHO ARE CONSIDERING IMPROVEMENT TO THEIR DEEDED PROPERTY, OTHER THAN MINOR LANDSCAPING, SUBMIT A REQUEST FOR APPROVAL TO THE ARCHITECTURAL CONTROL COMMITTEE FOR APPROVAL PRIOR TO INITIATING WORK ON PLANNED IMPROVEMENTS. IF ANY CHANGE IS TO BE MADE, WITHOUT APPROVAL, THE COMMITTEE HAS THE RIGHT TO ORDER THE OWNER TO REMOVE THE IMPROVEMENT FROM HIS PROPERTY. BE SURE TO COMPLETE THIS FORM IN DETAIL.

OWNER'S NAME_____ HOME PHONE_____

ADDRESS OF PROPERTY_____ WORK PHONE_____

BRIEFLY DESCRIBE THE IMPROVEMENT WHICH YOU PROPOSE:_____

WHO WILL DO THE ACTUAL WORK ON THIS IMPROVEMENT?_____

LOCATION OF IMPROVEMENT (CHECK ACTUAL AREA THAT APPLIES)

____FRONT OF HOUSE ____BACK OF HOUSE ____SIDE OF HOUSE
____ROOF OF HOUSE ____GARAGE ____PATIO
____OTHER (DESCRIBE) _____

MATERIAL TO BE USED FOR THE IMPROVEMENT (CHECK APPLICABLE ITEMS)

____BRICK - COLOR_____ CEMENT ____ STUCCO
____WOOD - COLOR_____ NATURAL ____ ELECTRICAL
____SIDING - COLOR_____ ALUMINUM ____ FENCING (TYPE) _____
____STAIN - COLOR_____ OTHER (EXPLAIN)_____

INDICATE TYPE OF PAINT TO BE USED

FLAT____ SATIN ENAMEL____ SEMI-GLOSS____ HI-GLOSS____

I UNDERSTAND THAT THE ARCHITECTURAL CONTROL COMMITTEE WILL ACT ON THIS REQUEST AS QUICKLY AS POSSIBLE AND CONTACT ME IN WRITING REGARDING ITS DECISION. I AGREE NOT TO BEGIN PROPERTY IMPROVEMENT WITHOUT WRITTEN APPROVAL FROM THE ARCHITECTURAL CONTROL COMMITTEE.

OWNER'S SIGNATURE CONSTRUCTION START-UP DATE

DATE RECEIVED BY ASSOCIATION ESTIMATED COMPLETION DATE

