

**MEMORIAL CHASE HOMEOWNERS ASSOCIATION, INC.**

9411 Landry Boulevard Spring, Texas 77379-3857

Office (281) 655-8427 \* FAX (281) 257-0935 \* Email [mchoa@sbcglobal.net](mailto:mchoa@sbcglobal.net)

**Home Improvement Request Form**

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, including a plot plat, 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 & **plot plat**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MATERIALS TO BE USED (attach sample, if appropriate)

Paint (paint chips required) \_\_\_\_\_

Lumber (type/grade) \_\_\_\_\_

Brick (type/color) \_\_\_\_\_

Cement \_\_\_\_\_

Pipe \_\_\_\_\_

Electrical \_\_\_\_\_

Other \_\_\_\_\_

(over)

OTHER COMMENTS

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PLANNED START DATE \_\_\_\_\_ EXPECTED COMPLETION DATE \_\_\_\_\_

According to the Deed Restrictions, the Architectural Control Committee has up to 30 days after receipt of this application to make a decision, so please submit the request far enough ahead of time. For your own protection, make sure you don't start the improvement until you have received proper approval. The more detail you provide about your improvement, the easier it will be to understand what you plan to do and to make a decision.

**NOTE: All improvements are expected to be completed within 90 days unless otherwise specified in the Planned Start Date and Expected Completion Date above.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

----- Please Do Not Write Below Line -----

Account Number \_\_\_\_\_ VREF # \_\_\_\_\_

Date of Request \_\_\_\_\_ Date Received \_\_\_\_\_

Date Sent to ACC \_\_\_\_\_ Date of ACC Decision \_\_\_\_\_

Date Returned to Homeowner \_\_\_\_\_

COMMENTS CONCERNING REQUEST

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APPROVED with the following restrictions, if any:

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DISAPPROVED for the following reasons:

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Review Signature and Date:

ACC Signature and Date:

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