**Homeowners Association**

**Architectural Control Committee Modification Request Form**

**(Fillable form – Type in the blanks)**

**Homeowner's Name(s):**

**Property Address:**

**Telephone Numbers: home - cell -**

**Email address: Fax #:**

**Project dates (estimate): start: end:**

**Is a building permit required by the city? If so, do you have it yet? Permit #:**

|  |  |  |  |
| --- | --- | --- | --- |
| **☑** | **Modification Requested** | **Information / Support Documents Required** | |
| **Exterior Color Change:** *(choose all that apply)*  □ Siding  □ Trim  □ Shutters  □ Gutters  □ Front Door  □ Garage Door  □ Storage Shed  □ Patio Cover  □ Playset  □ Fence (Stain or Paint)  □ Roofing Materials or Shingle Color  □ Addition of Siding to Home  □ Change in Color or Design of Siding  Notes for Garland Residents: City of Garland neighborhood code only allows two colors on your house: the siding one color and all the trim another color. Additionally, fences that are painted or stained must be uniform in color: all portions of painted fence must match. | | ***This request will not be processed without the following:***   * **paint / stain color sample(s)** * **shingle sample** * **siding sample** |
|  |
| □ Other Change to the Exterior: provide specifics: | | Comments: |

**To submit color samples, materials samples and/or additional sketches:**

* Mail them with this form, or
* Scan them and attach them to the email message when you send this form, or
* Email a link from the retailer’s or manufacturer’s website showing the product and color.

**HOMEOWNERS AGREEMENT**

I have completed this modification request in good faith and it accurately represents the alteration I propose to make. I understand that approval of this application does not authorize me to violate any provisions of the Declaration of Covenants, Conditions, and Restrictions (DCCRs) for my Homeowners Association. I certify that all information and all materials submitted with this request are complete, true and correct. I understand and agree that no work may be performed prior to or in deviation from the terms of the written approval provided by the Architectural Control Committee (ACC) or Board of Directors of the Association.

**Electronic Signature:**

Your “electronic signature” is your name, property address, and email address typed in the fields below.

**Homeowner's Name: Property Address:**

**Homeowner’s Email Address:** **Date:**

**Return ACC form by regular USMail, Fax, or E-Mail to:**

Homeowner Association c/o Village Association Management, LLC

P.O. Box 460057 Garland, TX 75040

Email:[mks@villagemgmt.com](mailto:mks@villagemgmt.com)

Fax: 1-877-568-9199

**This section for Architectural Control Committee (Board of Directors) use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Committee / Board Member Name: | *Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ***Approved \_\_\_\_\_\_\_*** | ***Denied \_\_\_\_\_\_\_*** |
| Comments / Stipulations / Additional Information Required: | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Committee / Board Member Name: | *Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ***Approved \_\_\_\_\_\_\_*** | ***Denied \_\_\_\_\_\_\_*** |
| Comments / Stipulations / Additional Information Required: | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Final Inspection performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**This completed project \_\_\_\_ does \_\_\_\_ does not comply with the approved plan.**