

# HARVEST BEND SECTION I H.O.A

15840 FM 529, SUITE #104 HOUSTON, TX 77095

PHONE: (281)-855-9867 FAX: (281)-855-3411

Email: accform@acmpinc.com

ACCOUNT #: \_\_\_\_\_

## HOME IMPROVEMENT REQUEST FORM

To protect each individual homeowner's property values and privacy, it is required for any homeowner or group of owners planning improvements or changes to their property(ies) to submit a request for Architectural Control Committee ("ACC") approval. This request is reviewed by the ACC to ensure compliance with the Declaration of Covenants and Restrictions. If any change is made that has not been approved, the ACC has the right to ask the homeowner to remove the improvements and/or change/modify from the property at the owner's expense.

**PLEASE COMPLETE THE ENTIRE FORM (INCLUDING BACK/2<sup>ND</sup> PAGE)**

**PLEASE COMPLETE ONE FORM PER IMPROVEMENT/REQUEST FOR APPROVAL**

OWNER'S NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

If this address is your mailing address and you would like our records to reflect same initial here \_\_\_\_\_

**The Association will not be held responsible for ensuring compliance with restrictions regarding utility easements, building setbacks or codes, or other restrictions imposed by other local or state governing bodies or companies.**

1. Brief description of change or improvement: \_\_\_\_\_  
Note: Please attach plans for any building, additions, fencing, basketball goals, landscaping, walkways, etc. including drawing showing location in relation to home, dimensions, building lines.

2. If work is to be done by someone other than the property owner, please complete:  
Company name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Please indicate the location(s) of the change or improvement:  
Front of house \_\_\_\_\_ Back of house \_\_\_\_\_ Side of house \_\_\_\_\_ Roof \_\_\_\_\_ Patio \_\_\_\_\_ Brick \_\_\_\_\_  
Garage/Garage door \_\_\_\_\_ Driveway \_\_\_\_\_ Other \_\_\_\_\_ (please explain):  
\_\_\_\_\_

4. Please indicate the material(s) to be used for the change/improvement:  
\_\_\_\_ PAINT\* brand/color name: (MAIN) \_\_\_\_\_ (TRIM) \_\_\_\_\_  
\_\_\_\_ STAIN\* brand/color name: \_\_\_\_\_  
\_\_\_\_ SIDING\* material/color name: \_\_\_\_\_  
\_\_\_\_ SHINGLES\* brand/color name/life of shingle: \_\_\_\_\_  
\_\_\_\_ LUMBER describe/type: \_\_\_\_\_  
\_\_\_\_ BRICK\*\* brand/color name: \_\_\_\_\_  
\_\_\_\_ CEMENT psi/brand/color: \_\_\_\_\_  
\_\_\_\_ FENCING material/height/width/picket size: \_\_\_\_\_  
\_\_\_\_ LANDSCAPE BORDERS\*\* describe/type: \_\_\_\_\_  
\_\_\_\_ OTHER \_\_\_\_\_

\*Please attach a sample showing the color to be used.

\*\*Please attach a sample, photo or brochure showing the color.

**\*\*\*THIS REQUEST WILL NOT BE REVIEWED WITHOUT SAMPLES.\*\*\***

(Continued on next page)

5. If painting will be done, please indicate location of painting (all wood/siding, just trim,...): \_\_\_\_\_  
 Brick color(s): \_\_\_\_\_
6. Estimated start date: \_\_\_\_\_ (i.e. mm/dd/yyyy, or how long after approval)  
 Completion date: \_\_\_\_\_ (i.e. mm/dd/yyyy, or how long after start or approval)  
**If left blank, the improvement(s) must be completed within thirty (30) days from the date of approval letter.**

**I understand the ACC has up to thirty (30) days from the date of receipt of this request to review and make a decision and that I cannot begin any change/improvement until the ACC informs me of their approval. I understand that I am responsible for ensuring that all maintenance/improvements are in compliance with the current ACC guidelines.**

\_\_\_\_\_  
 (Homeowner's signature) (Date)

7. Work has already been completed: \_\_\_\_\_ When: \_\_\_\_\_

\_\_\_\_\_  
 (Homeowner's signature) (Date)

PLEASE RETURN COMPLETED REQUESTS TO:  
 ASSOCIATION & COMMUNITY MANAGING PROFESSIONALS, INC ("ACMP, INC.")  
 15840 FM 529, SUITE #104  
 HOUSTON, TX 77095

or  
 FAX ANY REQUESTS THAT DO NOT REQUIRE SAMPLES, PHOTOS, AND/OR BROCHURES TO:  
 281-855-3411

or  
 EMAIL ANY REQUESTS THAT DO NOT REQUIRE PAINTING SAMPLES TO: [accform@acmpinc.com](mailto:accform@acmpinc.com)

\*We recommend sending this request by certified mail or contacting our office to confirm receipt of the form.

Any inquiries regarding the status of your request or how to complete this form should be directed to 281-855-9867.

**ARCHITECTURAL CONTROL COMMITTEE USE ONLY:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVE/DISAPPROVE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVE/DISAPPROVE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVE/DISAPPROVE

ACC COMMENTS:

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

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**ACMP USE ONLY:**

Date Received in Office: _____	Open DRV: _____	YES	NO
Date ACC Plan Added: _____	Current DRV Status: _____		
Date Forwarded to ACC: _____	Plan Notated in DRV: _____	YES	NO _____
Date Received From ACC: _____	Decision Notated in DRV: _____	YES	NO _____

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