

Greenridge Property Owners Association, Inc.

ARCHITECTURAL REVIEW APPLICATION REQUEST FOR HOME IMPROVEMENT

I understand that the Architectural Control Committee (ACC) will act on this request as quickly as possible and will advise me of their decision in writing. I agree not to begin the proposed project until the ACC Committee notifies me of their approval and/or conditions of approval. If construction has already begun, I will cease construction until approval has been granted.

Print Name

Work Phone Number

Address

Home Phone Number

City

Zip Code

TYPE OF IMPROVEMENT / CHANGE

- | | | |
|---|--|--|
| <input type="checkbox"/> Storage Building | <input type="checkbox"/> Pool | <input type="checkbox"/> Basketball Goal |
| <input type="checkbox"/> Patio | <input type="checkbox"/> Spa | <input type="checkbox"/> Solar Screens |
| <input type="checkbox"/> Patio Cover | <input type="checkbox"/> Roof | <input type="checkbox"/> Burglar Bars |
| <input type="checkbox"/> Gazebo | <input type="checkbox"/> Room Addition | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Paint |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Siding | <input type="checkbox"/> Play Structure |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Major Landscaping | <input type="checkbox"/> Other _____ |

Height: _____ (From ground to highest point) Length: _____ Width: _____

Materials: _____ Color of Structure: _____

Roof Material: _____ Roof color: _____

A lot survey or to-scale drawing showing the property lines, residential building, easements, fences, etc. is required for all additions to the property or home (ie: buildings, decks, patios, sidewalks, driveways, play structures, basketball goals, pools, spas, etc.)

**** If you are building a structure with walls or a roof you must provide an elevation drawing.****

For improvements such as painting, siding, burglar bars, solar screens, etc., provide the color.

Signature of Owner

Date

Complete Application and mail or fax to:
Abbott Team Management
P. O. Box 2387
Friendswood, TX 77549
Phone: 281.993.1612 FAX: 281.648.4644

DO NOT WRITE BELOW THIS LINE

Application Approval: _____ Conditions: _____

Application Denied: _____ _____

***** Approval is valid for a period of 90 days. Any approved projects must be completed within the 90 day period. Failure to begin or complete the project will result in the need to reapply.*****

Signature of ACC Chairman

Date