



## Request For Home Improvement Approval

(To be used for all applications except pools/spas)

We appreciate your application for improvement to your property. Please take the time to review the Architectural Control Guidelines to assist you in providing the required information.

The Modifications Committee, a team of volunteers, meets once a month to consider applications and makes decisions **only** in that meeting. Applications are submitted to Crest Management and must be received by 5:00 p.m. on the 2<sup>nd</sup> Tuesday of the month for consideration that month. The Modifications Committee will consider completed applications that have been signed and submitted with all necessary documentation. Crest Management will notify you in writing of the Modifications Committee's decision.

If you do not have a copy of the Architectural Control Guidelines, or the "Declaration of Covenants and Restrictions for The Commonwealth", contact Crest Management.

**SECTION NAME:** \_\_\_\_\_ **SECTION** \_\_\_\_\_ **LOT** \_\_\_\_\_ **BLK** \_\_\_\_\_

Name: \_\_\_\_\_ Home#: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

email: \_\_\_\_\_

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

MAILING ADDRESS (if not property address): \_\_\_\_\_

\_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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**1. Type of Improvement:** If using a print version, check appropriate project or click on the box to select if completing on-line.

- |              |                              |                         |
|--------------|------------------------------|-------------------------|
| _____ Paint  | _____ Play Equipment         | _____ Patio/Gazebo      |
| _____ Deck   | _____ Landscape Lights       | _____ Garage Extensions |
| _____ Roof   | _____ Basketball Goal        | _____ Storage Shed      |
| _____ Fences | _____ Antenna/Satellite Dish | _____ Room Addition     |
| _____ Other: | _____                        |                         |

**2. Attach a copy of your plat with the location of the improvement and/or change indicated on the plat** (unless roof, paint, or solar screen). Note dimensions of improvement and distances from fence, house, garage, driveway, and easements as necessary and attach a photograph, sketch, or architectural plan showing the elevation from (2) different directions or views of the Improvement.

MARK APPROPRIATE LOCATION OF IMPROVEMENT:

\_\_\_\_\_ Front of Home \_\_\_\_\_ Back of Home \_\_\_\_\_ Side of Home \_\_\_\_\_ Garage

SIZE OF STRUCTURE: Height: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_

**3. List materials necessary for proposed improvement and/or change (check and identify types and colors). We must have samples of proposed paint colors, solar screen fabric, or roof shingle.**

<u>MATERIAL</u>	<u>TYPE/COLOR</u>
_____ Paint	_____
_____ Stain	_____
_____ Lumber	_____
_____ Shingle	_____
_____ Pipe	_____
_____ Fabric (Solar Screen)	_____
_____ Screen Frame Color	_____
_____ Other	_____

I understand that the Modification/Deed Restriction Committee will act on this request as quickly as possible and Crest Management will contact me in writing regarding their decision. **I agree not to begin the property improvement and/or change until I have written approval from the Committee.**

\_\_\_\_\_  
**Signature of Homeowner                      Proposed Construction Date                      Ending Date**

**Return To:** Crest Management Company  
P. O. Box 219320  
Houston, Texas 77218-9320  
Tel: 281-579-0761 Fax: 281-579-7062

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Received Application:  
To MDR Committee: \_\_\_\_\_  
Decision Received: \_\_\_\_\_  
Decision Letter Mailed: \_\_\_\_\_  
\_\_\_\_\_