

SECTION NAME: _____ SECTION ___ LOT ___ BLK

THE COMMONWEALTH
REQUEST FOR HOME IMPROVEMENT APPROVAL

We appreciate your request for this application. Please take the time to review and properly fill out the application.

WE WILL CONSIDER FOR APPROVAL ONLY COMPLETED APPLICATIONS THAT HAVE BEEN SIGNED AND SUBMITTED WITH ALL NECESSARY DOCUMENTATION. CREST MANAGEMENT WILL NOTIFY YOU IN WRITING OF THE MODIFICATION'S COMMITTEE'S DECISION. THE COMMITTEE OF VOLUNTEERS MEETS ONLY ONCE A MONTH. APPLICATION MUST BE IN MANAGEMENT OFFICE BY 5:00 P.M. ON THE 2ND THURSDAY OF THE MONTH. IF YOU DO NOT HAVE A COPY OF THE ACC GUIDELINES, CONTACT THE MANAGEMENT COMPANY.

NAME OF OWNER(S): _____ HOME #: _____

PAGER #: _____ WORK #: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (if not property address): _____

1. Type of Improvement:

paint playground equipment patio/gazebo

deck landscape lights pool/spa

roof basketball goal storage shed

fences antenna/satellite dish room addition

other:

2. Contractor name: _____ Phone #: _____

3. **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, easements as necessary and attach a photograph, sketch, or architectural plan showing an 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: _____

Attach Sample Here:

4. List materials necessary for proposed improvement and/or change (check and identify types and colors). **WE MUST HAVE A SAMPLE OF PAINT COLOR, SOLAR SCREEN FABRIC, OR ROOF SHINGLE.**

- | MATERIAL | TYPE/COLOR |
|---|------------|
| <input type="checkbox"/> Paint | |
| <input type="checkbox"/> Stain | |
| <input type="checkbox"/> Lumber | |
| <input type="checkbox"/> Shingle | |
| <input type="checkbox"/> Pipe | |
| <input type="checkbox"/> Fabric | |
| <input type="checkbox"/> Screen Frame Color | |
| <input type="checkbox"/> 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
 16360 PARK TEN PLACE
 SUITE 310
 HOUSTON, TEXAS 77084
 TEL: 281-579-0761 FAX: 281-579-7062

DO NOT WRITE PAST THIS LINE

For Crest Management Use Only:

Received Application:

To MDR Committee:

Decision Received:

Decision Letter Mailed: