## KINGS CROSSING PATIO

## REQUEST FOR IMPROVEMENT APPROVAL

In an effort to provide and protect each owner's rights and values, it is required that any owner or group of
owners considering improvement and/or change of their property, other than landscaping, must submit a
REQUEST FOR IMPROVEMENT, APPROVAL FORM to the Architectural Control Committee (ACC) for
the planned improvements and/or changes. If any change is made that has not been approved, the Committee
has the right to ask the owner to remove the improvement and/or change from the property. COMPLETE THIS
FORM IN DETAIL. IF NOT COMPLETED IT CANNOT BE PROCESSED, AND THUS DENIED.

			D, AND THUS DENIED.		
			PHONE #		
PROPERTY ADDRESS: _			PHONE #		
MAILING ADDRESS IF NO SECTION/BLOCK/LOT					
		1 . 1 1			
1. Type of Improvement:	•	ork to be done:	D 1/6		
Paint	Roof	1	Pool/Spa		
Patio/Gazebo	Storage Sh	ned	Playground Equipment		
Landscape figurines			Permanent Basketball Goal		
Antenna/Satellite D	Dish Fence		Portable Basketball Goal		
Front Door					
Other (please specif			_		
2. Who will do the actual	work on this improven	nent?			
similar addition, draw to home and property lines	wo views of the propo	osed project from two	cover, shed, basketball goal, fencing of angles showing its relationship to the		
Front of	Side of house	Back of house			
Size of structure	Height:	Width:	Length:		
<ul><li>4. What is the color of the b</li><li>5. Material necessary for p</li></ul>		nt/change. If not listed	in drawing list each item:		
ATTACHTWO (2) SA	MPLES OF EACH P.	AINT COLOR AND/	OR SHINGLE TO BE USED.		
MATERIAL		EXTERIOR COLOR SCHEME			
Paint:		House Color:			
Paint:		Trim Color:			
Stain:		Garage Color:			
Lumber:		Trim Color:			
Shingles:		Front Door Color	Front Door Color or Stain:		
Other:					
T 1 1 1 1 A		1	71.1 1 1		
		1 1	as possible and contact me regarding ACC notifies me on their approval.		
Signature of Owner		Proposed Constructio	n Date Proposed Completion Date		

RETURN TO: KINGWOOD ASSOCIATION MANAGEMENT PHONE: 281-359-1102 1075 KINGWOOD DRIVE, SUITE 100 FAX: 281-359-8067 KINGWOOD, TX 77339 – EMAIL frontdesk@kingwoodassociationmanagement.com

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	T WRITE PAST THIS POINT				
Declaration of Covenants, Conditions and Restri	ctions Page:				
FOR ACC USE ONLY (please mark decision)  Date:					
· ·					
Approved	Rejected				
Approved Rejected					
ACC Member Signature	Reviewed by KAM				
ACC Member Signature	reviewed by 12 11/1				
ACC Member Signature	_				
COMMENTS: (CONDITIONAL APPROVAL, REASON FOR REJECTION, ETC.)					
DO NOT WRITE PAST THIS POINT					
DO NOT WRITE PAST THIS FOINT					
FOR KAM USE ONLY					
RECEIVED DATE:					
ACCOUNT NUMBER:					