Stone Forest Owners Association

ARCHITECTURAL REQUEST FORM

427 Dellwood St
Bryan, TX 77801
Phone – (979) 822-4443 Fax – (979) 822-4447
help@associationservicesbcs.com

The Declaration of Covenants, Conditions and Restrictions for the Community of Stone Forest Owners Association specifies that:

ARTICLE III.
GENERAL RESTRICTIONS

All of the Property shall be owned, held, encumbered, leased, used, occupied and enjoyed subject to the following limitations and restrictions:

3.01 Construction of Improvements. No improvements shall hereafter be constructed upon any of the Property without the prior approval of the Architectural Committee.

To assist in your compliance with this restriction, please complete the following form and submit it with your plans and specifications for the proposed Improvement.

**** You may submit your application via email, fax, or mail to our office (contact information listed at top of form) ****

PLEASE ALLOW UP TO 30 DAYS FROM DATE OF SUBMISSION RECEIPT FOR PROCESSING.

NAME (PLEASE PRINT): _____

PROPERTY ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS(ES): _____

APPROVAL REQUESTED (check all that apply):

- ☐ **Fence** *(3.23, 3.29)*
  - ☐ Repair
  - ☐ Replacement
- ☐ **Roof** *(3.12)*
  - ☐ Repair
  - ☐ Replacement
- ☐ **Irrigation/Drainage** *(3.17)*
- ☐ **Shed/Storage Building/Shop (incl. temporary structures)** *(3.21, 4.02, 4.03, 4.04, 4.06)*
- ☐ **Exterior Home Remodeling (incl. exterior windows and doors, house/trim painting, material replacement)** *(6.07, 3.31)*
- ☐ **Satellite Dish/Antennas** *(3.02)*
- ☐ **Swimming Pool/Spa** *(3.01)*
- ☐ **Garage (door replacement, conversion, ect)** *(3.14, 3.30, 4.02)*
- ☐ **Solar Equipment (Screens/Panels)** *(3.13)*
- ☐ **Deck/Patio** *(6.07, 4.02)*
- ☐ **Landscaping (Beds, Trees, Shrubbery, Plantings, Lighting, ect)** *(3.08, 3.25, 3.26, 3.29)*
- ☐ **Driveway or Walkway Extension/Repair/Addition** *(3.14)*
- ☐ **Mailbox** *(3.28)*
- ☐ **Signage (only if restricted by CCRs without approval)** *(3.05)*

This Project will be done by (check one):

- ☐ Contractor *
- ☐ Homeowner
- ☐ Both *

*Please provide a certificate of insurance for your contractor if you are using one.

_____ Homeowner Acknowledges that they are responsible for any damages incurred because of this project if there is no/insufficient insurance coverage from chosen contractor or if homeowner is doing project themselves. (Please Initial)

Anticipated project start date:

_____

Estimated time frame for completion of project:

_____

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DESCRIPTION OF IMPROVEMENT INCLUDING MATERIALS TO BE USED AND LOCATION OF IMPROVEMENT (Continue onto additional pages, if necessary):

_____

_____

_____

_____

_____

FENCE (include diagram showing position of fence relative to streets and houses, noting which portion will be repaired or replaced):

☐ Repair

☐ Replacement

Fence material (i.e., cedar picket, wrought iron, ect): _____

Fence height: _____

ROOF (include electronic or physical samples of materials, include diagram of which portion will be repaired or replaced):

☐ Repair

☐ Replacement

Roof material (i.e., wood, shingle, shakes, tile, ect): _____

Roof Color: _____

Please specify if there are any changes to roof height: _____

SATELLITE DISHES/SOLAR EQUIPMENT (include diagram showing location):

Diameter of satellite dish/Dimensions of solar equipment: _____

Will be visible from nearby streets? (check one)

☐ Yes

☐ No

Will be visible from adjoining lots? (check one)

☐ Yes

☐ No

TEMPORARY STRUCTURES, OUTBUILDINGS OR STORAGE SHEDS:

Dimensions of the outbuilding's pad: _____

Greatest height of outbuilding & support structure (measured from ground): _____

Height of privacy fence enclosing outbuilding: _____

Exterior and roofing materials consistent with residence (check one)

☐ Yes

☐ No

Outbuilding will observe setback lines and easements (check one)

☐ Yes

☐ No

HOMEOWNER'S SIGNATURE: _____ **TODAY'S DATE:** _____

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6.07 Architectural Control. No buildings, additions, modifications or improvements shall be erected, placed or performed on any Lot until the Plans and Specifications have been submitted in duplicate and approved in writing by the Architectural Committee as hereinafter provided. Builders may submit their design plans as master design plans, which plans shall include all specifications, including specifications as to brick color and paint color, that may be used when building each

The plans and specifications to be so submitted will not be considered complete and cannot be processed without all of the following items.

(Please check each box to acknowledge that you have read, understood, and included the documentation needed to process your Architectural request).

- ☐ A plot plan or survey showing the location and dimensions (including elevation) of all existing and proposed Improvements.
- ☐ Existing and finished grades shall be shown at Lot corners and at corners of proposed Improvements. Lot drainage provisions shall be indicated, as well as cut and fill details, if any appreciable change in the Lot contour is contemplated.
- ☐ The structural design, exterior elevations, exterior materials, colors, textures, and shapes of all improvements shall be described, along with any diagrams or representations necessary to depict all proposed exterior illumination (including location and method), utility connections and fire protection systems.
- ☐ The structural design, exterior elevations, exterior
- ☐ Estimated time frame for completion of project: _____
- ☐ Anticipated project start date: _____
- ☐ Building permits if required:
  _____ Building permits are not required (Please initial)
- ☐ Certificate of Insurance from Contractor if using one
  _____ Homeowner Acknowledges that they are responsible for any damages incurred because of this project, if there is no/insufficient insurance coverage from chosen contractor or if homeowner is doing project themselves (Please Initial)

HOMEOWNER'S SIGNATURE: _____ **TODAY'S DATE:** _____

FOR ACC USE ONLY (Homeowners do not fill out)

DATE RCV'D: _____

APPLICATION COMPLETE?

- ☐ Yes
- ☐ No

ACC PROPERTY/PROJECT SITE VISIT DATE (IF APPLICABLE): _____

- ☐ **APPROVED**
- ☐ **DENIED**
  - ☐ INCOMPLETE APPLICATION
  - ☐ ADDITIONAL INFORMATION REQUESTED (SEE ACC COMMENTS)

ACC COMMENTS:

_____

_____

_____

ACC MEMBER'S SIGNATURE: _____ **TODAY'S DATE:** _____