

Estates of Woodland Hills Homeowners Association
ARCHITECTURAL PROJECT REQUEST FORM

1701 Southwest Pkwy Ste 209

College Station, TX 77840

Phone – (979) 822-4443

help@associationservicesbcs.com

The Declaration of Covenants, Conditions and Restrictions for the Community of the Estate of Woodland Hills HOA specifies that no improvement may be constructed, altered, or removed upon or from any Lot or portion of the Property without the prior written 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):

- | | |
|--|--|
| <input type="checkbox"/> Fence
<input type="checkbox"/> Repair
<input type="checkbox"/> Replacement | <input type="checkbox"/> Swimming Pool/Spa |
| <input type="checkbox"/> Roof
<input type="checkbox"/> Repair
<input type="checkbox"/> Replacement | <input type="checkbox"/> Play Equipment |
| <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Solar Screens/Panels |
| <input type="checkbox"/> Shed/Storage Building/Shop | <input type="checkbox"/> Deck/Patio |
| <input type="checkbox"/> Exterior Home Remodeling | <input type="checkbox"/> Landscaping (Beds, Trees, Shrubbery, Plantings, ect) |
| <input type="checkbox"/> House/Trim Painting | <input type="checkbox"/> Driveway or Walkway Extension |
| <input type="checkbox"/> Satellite Dish | <input type="checkbox"/> Other:
_____ |

It is extremely important to recognize that you may not alter the drainage on your lot or create drainage issues on your neighbors' lot(s) with your project.

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

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

ATHLETIC EQUIPMENT (include diagram showing location of equipment):

Make and model of equipment: _____

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: _____

**** Wooden privacy fences must be cedar and a fence cap rail is needed on part viewable from street.**

SATELLITE DISHES (include diagram showing location of dish):

Diameter of satellite dish: _____

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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The Architectural Request to be so submitted will not be considered complete and cannot be processed without full request form, plans, and specifications.

(Please sign below to acknowledge that you have read, understood, and included the documentation needed with this application to process your Architectural request).

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

FOR ARC USE ONLY (Homeowners do not fill out)

DATE RCV'D: _____

APPLICATION COMPLETE?

- Yes
 No

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

APPROVED

DENIED

- INCOMPLETE APPLICATION
 ADDITIONAL INFORMATION REQUESTED (SEE ARC COMMENTS)

ARC COMMENTS:

ARC MEMBER'S SIGNATURE: _____ TODAY'S DATE: _____