

The Knolls at Russell Creek Homeowners Association Application for Home Improvement

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: HOME _____ CELL _____
WORK _____ FAX _____

EMAIL: _____

APPLICABLE ITEMS REQUESTED (please check):

Modification to residence _____	Fences/retaining walls/planters _____
Landscaping _____	Fence Staining _____
Pool/Spa _____	Patio Extension _____
Arbor/Patio Cover _____	Shed _____
Basketball goal _____	Trampoline _____
Other Items: _____	

Brief Description: _____

SPECIFICATIONS

Fencing:
 Height _____
 Length _____
 Material _____
 Stain finish Color _____

Roof:
 Material _____
 Color _____
 Warranty _____

Building Exterior:
 Material _____
 Color Scheme: _____
 Exterior Walls _____
 Trim _____
 Other _____

Other Structures:
 Dimensions _____
 Siding Material / Color _____
 Roof Material / Color _____

Playground/Recreational Equipment:
 Dimensions _____
 Color _____

Patio Extension/Cover:
 Dimensions _____
 Color _____

Arbor:
 Dimensions _____
 Finish Color _____
 Pole Material _____
 Roof Material _____

Landscape Improvements:
 Tree Types _____
 Color _____
 Dimensions _____
 Retaining Walls/Planter Material _____

Contractor's Name: _____
 Address: _____
 Phone: _____

Owner's Acknowledgements: I understand: (Please read every item carefully and initial each)

1. _____ that all proposed improvements must meet city, state and local codes. My signature indicates that these standards are met. I understand that all required permit(s) are my responsibility.
2. _____ that any variation from the original application must be resubmitted for approval.
3. _____ that no work on this request shall commence until written approval has been received.
4. _____ that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed; that if alterations are made, I may be required to return the property to its former condition at my own expense if this application is denied wholly or in part, and that I may be required to pay all legal expenses incurred.

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- 5. _____ that any approval is contingent upon construction and alterations being completed in a workmanlike manner and **completed within sixty (60) days** unless otherwise approved by the ACC and Board.
- 6. _____ that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.
- 7. _____ that nothing herein contained shall be construed to represent that alterations to land or buildings in accordance with these plans shall not violate any of the provisions of building and zoning codes of the country to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restrictions.

Please obtain your neighbors' signatures prior to submitting this application. It is a common courtesy to your neighbor to make them aware of your intent to make a change to your property. Neighbor signatures only indicate their awareness and in no way constitutes their approval or disapproval or that of the Committee or Board of Directors.

Neighbor Signature: _____ Date: _____
 Address: _____

Neighbor Signature: _____ Date: _____
 Address: _____

Neighbor Signature: _____ Date: _____
 Address: _____

A complete set of working plans must be filed with this application (this should include plat plans, building floor plans, complete building elevations, dock, grading and improvement plans and specifications). Samples of roofing materials and exterior color samples must be submitted and approved before use. Additionally, landscape plans (including landscape and softscape) must be included with the final submittal.

Signature of Owner(s): _____ Print Name(s) _____

Please return this application to: Lone Star Association Management, 2500 Legacy Drive, Suite 220, Frisco, Texas 75034
 Office: 469-384-2088 and Fax: 469-384-4653

ARCHITECTURAL CONTROL COMMITTEE (USE ONLY)	
HOMEOWNER'S NAME: _____	
ADDRESS: _____ _____	
COMMITTEE ACTION: ___ APPROVE ___ DENIED ___ INCOMPLETE	
Stipulation/Reason: _____ _____	
Authorized Signature: _____	Authorized Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____
Authorized Signature: _____	Authorized Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____