

# ARCHITECTURAL APPLICATION

Rivershire Maintenance Funds, Inc

Send this form to: RMF 206 Scarborough Dr. Conroe, TX 77304, RivershireOffice@gmail.com

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**My request refers to the following types of improvements(s): (check all that apply)**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Sauna/Hot Tub        | <input type="checkbox"/> Deck/Patio (slab/cover) | <input type="checkbox"/> Painting            | <input type="checkbox"/> Shed/Greenhouse       |
| <input type="checkbox"/> Play Equipment/House | <input type="checkbox"/> Walls – Retaining       | <input type="checkbox"/> House/Room Addition | <input type="checkbox"/> Fencing (replace/new) |
| <input type="checkbox"/> Swimming Pool        | <input type="checkbox"/> Driveway modification   | <input type="checkbox"/> Other: _____        |  |

ATTACH PLANS AND SPECIFICATIONS – include height, width, depth, types of materials, color, location, relation to property line/fencing/neighbor, paint sample, and other information pertinent to the request.

*Approval is based on conformance with the Declaration of Covenants, and aesthetic concerns. No representation is made of approval of structural integrity. Drainage issues and existing slopes are crucial elements of exterior changes and should be strongly considered in the installation of any materials.*

I understand the approval of the Architectural Control Committee must be obtained before I can proceed with my project. I understand that approval by the ACC does not constitute approval by the local building department or any other agency which may require prior approvals. I understand I may be required to obtain permits, licenses, pay fees or obtain other professional opinions and/or certifications. I agree to complete all improvements as they are submitted and understand that I must resubmit my request if modifications to these plans become necessary. **I agree to complete the improvements within the approved timeline and in a good workmanlike manner.**

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS AREA TO BE FILLED OUT BY ARCHITECTURAL REVIEW COMMITTEE

DATE RECEIVED BY ACC \_\_\_\_\_: DATE APPROVED OR DENIED BY ACC: \_\_\_\_\_

**Approved With Conditions**

**Denied as Submitted**

Signature \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

**Conditions for Approval** (use reverse side if necessary):

**Reasons for Denial:** (use reverse side if necessary):