



IMPROVEMENT REQUEST FORM
Asset Property Management, Inc., Managing Agent
8200 Perrin Beitel, Suite 128, San Antonio, Tx 78218
Tel.: (210) 342-1181 Fax: (210) 349-4477 (Rev. 8/8/13)

Date Received by ACC Chairperson: _____

In accordance with the recorded deed restrictions of the association, a lot owner considering any exterior improvement/modification of their deeded property must submit all of the items indicated below to the association (c/o APMI) for approval **prior to initiating work** on the planned improvements. Unapproved exterior modifications violate the deed restrictions, and the association can require that you modify/remove the improvement at your sole expense. Owners' requests are processed as expeditiously as possible, in the order received, and owners are notified in writing of the ACC's decision within the time frame allowed in the deed restrictions (usually up to 30 days).

INCOMPLETE REQUESTS WILL NOT BE PROCESSED. ♻️ PRINT LEGIBLY ♻️ ONE FORM PER IMPROVEMENT

INSTRUCTIONS: Complete and return this form along with a copy of home/lot's recorded survey plat map (onto which you must indicate to scale the exact location of the proposed improvement) and detailed building plans/specifications. Use additional paper for details if necessary.

OWNER INFORMATION ONLY

Community Association:				
Owner Name:				
Property Address:		City/State	Zip	
Mailing Address:		City/State	Zip	
OWNER Contact #	Ask for:	Email:		
1. REQUIRED Attachments	<input type="checkbox"/> Recorded Survey Plat indicating exact location, to scale, of proposed improvement <input type="checkbox"/> Detailed Building Plans/Specs, Material Listing, Brochure/Picture, and Paint/Stain Samples as applicable			
2. Indicate Improvement	<input type="checkbox"/> Shed/Outbuilding <input type="checkbox"/> Landscaping <input type="checkbox"/> Deck <input type="checkbox"/> Play Structure <input type="checkbox"/> Room Addition <input type="checkbox"/> Fencing <input type="checkbox"/> Patio <input type="checkbox"/> Patio Cover <input type="checkbox"/> Pool - Above Ground <input type="checkbox"/> Pool - In Ground <input type="checkbox"/> Spa/Hot Tub (<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered) <input type="checkbox"/> Other: _____			
Additional Notes/Comments				
3. Indicate Location	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Roof <input type="checkbox"/> Garage <input type="checkbox"/> Patio			
4. Provide dimensions	Length:	Width:	Height:	Depth: Circumference:
5. Colors	General item color(s) description: _____ <input type="checkbox"/> Paint – Attach samples: (Main Color: _____ Trim Color: _____) <input type="checkbox"/> Stain – Attach sample: Color: _____			
6. Indicate Materials	SPECIAL REMINDER regarding sheds/outbuildings: The use restrictions may require that materials like siding and shingles match those of the main dwelling in color and composition. Refer to your governing documents. (Attach a material listing if more space needed.) <input type="checkbox"/> Wood - Type: _____ <input type="checkbox"/> Siding - Type: _____ <input type="checkbox"/> Shingles - Color: _____ Composition: _____ <input type="checkbox"/> Brick (Color _____) <input type="checkbox"/> Stucco (Color _____) <input type="checkbox"/> Cement <input type="checkbox"/> Other - Describe: _____			
7. Who will do the work	<input type="checkbox"/> Self <input type="checkbox"/> Contractor (Company Name: _____ Contact # _____ Ask for: _____ Contractor Email: _____			

OWNER'S ACKNOWLEDGEMENT: I acknowledge that neither Management nor the ACC is responsible for any delay in processing my request due to incomplete information submitted by me; that I/we, as the property owner(s) of record am/are solely responsible for compliance with the association's governing documents and applicable building codes and ordinances irrespective of the ACC's approval of the submitted documents, and that it is my/our responsibility to obtain all necessary City permits.

Required: OWNER'S Signature & Acknowledgement Date _____ Desired Start Date _____ # of Days to Complete Project if Approved _____