

Before completing this form, please review the Jamestown Colony ACC Guidelines. These guidelines may be obtained by emailing or calling ACMP at the email address or phone number below, and/or visiting the Jamestown Colony website at <http://www.geocities.com/jamestowncolony>.



16650 PINE FOREST RD
HOUSTON TEXAS 77084-4034
PHONE: 281-855-9867 FAX: 281-855-3411
email: acmpinc@swbell.net

CONTROL # _____

ACCOUNT # _____

HOME IMPROVEMENT REQUEST FORM

In order to protect each individual homeowner's property values and privacy, it is required for any homeowner or group of owners planning improvements or changes to their deed property(ies) to submit a request for Architectural Control Committee ("ACC") approval. This request is reviewed by the ACC to ensure compliance with the Declaration of Covenants and Restrictions. If any change is made that has not been approved, the ACC has the right to ask the homeowner to remove the improvements and/or change from the property at the owner's expense.

PLEASE COMPLETE THE ENTIRE FORM

OWNER'S NAME _____ HM PHONE _____

PROPERTY ADDRESS _____ WK PHONE _____

MAILING ADDRESS (if different from above) _____

The Association will not be held responsible for ensuring compliance with restrictions regarding utility easements, building setbacks or codes, or other restrictions imposed by other local or state governing bodies or companies.

1. Brief description of change or improvement: _____

Note: Please attach plans for any new building, additions, fencing, basketball goals, etc. including drawing showing location in relation to home, dimensions, building lines.

2. If work is to be done by someone other than the property owner, please complete:

Company name _____ Phone # _____

3. Please indicate the location(s) of the change or improvement:

____ Front of house ____ Back of house ____ Side of house ____ Roof ____ Brick
____ Patio ____ Garage/Garage door ____ Other (please explain) _____

4. Please indicate the material(s) to be used for the change/improvement:

____ PAINT* brand/color name: _____
____ STAIN* brand/color name: _____
____ SIDING* material/color name: _____
____ SHINGLES* brand/color name/life of shingle: _____

(continued on next page)

_____ LUMBER describe/type: _____
 _____ BRICK* brand/color name: _____
 _____ CEMENT _____
 _____ FENCING material/height/width: _____
 _____ OTHER _____

***Please attach a sample showing the color to be used. THIS REQUEST WILL NOT BE REVIEWED WITHOUT SAMPLES.**

5. If painting will be done please indicate:
 Location of painting (all wood/siding, just trim,...) _____
 Which color will be used where/for what if more than one color will be used

 Brick color(s): _____
6. Estimated start date: _____ completion date: _____
 Work has already been done: _____ when? _____

I understand the ACC has up to thirty (30) days from the date of receipt of this request to review and make a decision. I agree not to begin any change/improvement until the ACC informs me of their approval. I further understand that it is my responsibility to maintain a copy of the approval form (if approved) for the time frame I am the owner of this property and to pass said approval on to the new owner at the time of ownership transferal.

 (Homeowner's signature) (date)

PLEASE RETURN COMPLETED REQUESTS TO:
 ASSOCIATION & COMMUNITY MANAGING PROFESSIONALS, INC. ("ACMP, Inc.")
 16650 PINE FOREST
 HOUSTON, TEXAS 77084-4034
 OR FAX ANY REQUESTS THAT DO NOT REQUIRE SAMPLES TO: 281/855-3411.

Any inquiries regarding the status of your request or how to complete this form should be directed to 281/855-9867, extension 416.

ARCHITECTURAL CONTROL COMMITTEE USE ONLY:

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

SIGNATURE _____ DATE: _____ APPROVE/DISAPPROVE

COMMENTS: _____

ACMP USE ONLY:

DATE RECEIVED: _____ Date returned to homeowner for more information
 -in office _____

-from ACC _____ Date received back from homeowner:

