

Homeowners Association

210-829-7202 Office * 210-829-5207 Fax * 866-232-4386 Toll Free

AMS Website - www.ams-sa.com – E-Mail acc@ams-sa.com

PLEASE NOTE THIS IS A GENERIC FORM. PLEASE CONTACT THE ACC DEPARTMENT AT AMS FOR SPECIFICS FOR YOUR ASSOCIATION. THE REVIEW TIME AND REVIEWS FEES VARY FOR EACH ASSOCIATION.

In accordance with the recorded covenants, conditions and restrictions of the Association, and in order to protect each individual lot owner's rights and values, it is required that any lot owner considering improvement of their deeded property including, but not limited to, patio covers, decks, outside buildings, fencing, building add-ons, etc., submit the following information to the Committee **prior to initiating work on the planned improvements:**

- Improvement Request Form Completed and Signed by Homeowner** *****One Form Per Request*****
(Homeowners must submit, no renters or builders)
- Material list, detailed building plans, detailed drawings, size of improvement, color swatches and photos.**
- A copy of the official site plan (no hand-drawn or computerized replicas) of your property showing the exact location of the improvement. Please check your closing papers for the land survey (site plan) showing the Lot with easements, setbacks and a footprint of the home.**

FAILURE TO SUBMIT THE REQUESTED ATTACHMENTS (ITEMS 1, 2, 3) PRIOR TO CONSTRUCTION MAY RESULT IN DENIAL OF YOUR REQUEST FOR IMPROVEMENT. *The Committee has the right to request that an owner remove any improvement installed without prior written approval.* Any homeowner considering any exterior improvement to their property is urged to review the recorded deed restrictions prior to their initial request.

Owner Name: _____

Property Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Metro Number (Y/N) _____ Metro Number (Y/N) _____

E-Mail address: _____ Who will do the actual work on this improvement? _____

Briefly describe the improvement you propose: _____

Location of improvement (check actual areas that apply):

Front of dwelling Back of dwelling Side of dwelling

Materials to be used for the improvement (check and specify applicable items):

<input type="checkbox"/> Brick – Color _____	<input type="checkbox"/> Cement – Top Finish _____
<input type="checkbox"/> Wood – Type _____	<input type="checkbox"/> Stucco – Color _____
<input type="checkbox"/> Iron - Fence Color _____	<input type="checkbox"/> Flagstone – Color _____
<input type="checkbox"/> Paint – Color (sample) _____	<input type="checkbox"/> Stain – Color (sample) _____
<input type="checkbox"/> Hardi-Plank – Color _____	<input type="checkbox"/> Siding – Wood - Color _____
<input type="checkbox"/> Siding - Aluminum _____	<input type="checkbox"/> Rock/Stone – Color _____
<input type="checkbox"/> Roofing Material _____	<input type="checkbox"/> Other (explain) _____

All color samples must be submitted and a list of all building materials/or pictures.

Type of Improvement (check or circle which improvement applies to your request): **Please remember one request per form**

<input type="checkbox"/> Permanent Basketball Goal	<input type="checkbox"/> Pool – Above-Ground
<input type="checkbox"/> Temporary Basketball Goal	<input type="checkbox"/> Pool – In-Ground
<input type="checkbox"/> Stain Fence	<input type="checkbox"/> Spa/Hot Tub
<input type="checkbox"/> Fencing/ Extend Fence	<input type="checkbox"/> Gutters
<input type="checkbox"/> Paint Exterior	<input type="checkbox"/> Room Addition
<input type="checkbox"/> Porch Railing	<input type="checkbox"/> Storage Building
<input type="checkbox"/> Play Structure/Front Yard Glider Swing	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Front Yard Statuary/Bird Bath/Water Fountain	<input type="checkbox"/> Front Door/ Back Door
<input type="checkbox"/> Permanent Gazebo	<input type="checkbox"/> Front/Back Screen/Storm Door
<input type="checkbox"/> Temporary Gazebo	<input type="checkbox"/> Walkway/ Pavers
<input type="checkbox"/> Wall Art/Outside Decor	<input type="checkbox"/> Stain/Paint Driveway
<input type="checkbox"/> Exterior/Landscape Lighting	<input type="checkbox"/> Extend Driveway
<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Solar Screens/Window Treatments
<input type="checkbox"/> Deck	<input type="checkbox"/> Patio Cover
<input type="checkbox"/> Replace Roof	<input type="checkbox"/> Patio
<input type="checkbox"/> Arbor/Trellis	<input type="checkbox"/> Enlarge Patio

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I understand that the Committee will act on this request and contact me in writing regarding their decision. I agree not to begin construction/installation without written approval from the Committee. I understand that all construction shall meet City/County code, and that Committee approval does not override City/County codes, but rather, is intended to work in conjunction with them.

_____/_____
Homeowners Signature Date Estimated Start Date Estimated Completion Date

**RETURN COMPLETED FORM TO:
Architectural Department
1600 N.E. Loop 410, Suite #202
San Antonio, Texas 78209**

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OFFICE USE ONLY
Date: _____
Received By: _____
Forwarded To Committee: _____

COMMITTEE USE ONLY:

Committee comments/suggestions: _____

_____ Committee Member	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Committee Member	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Committee Member	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Committee Member	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Committee Member	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Association Management Services
Architectural Department
1600 N E Loop 410, Suite 202
San Antonio, Texas 78209
210-829-7202 Office * 210-829-5207 Fax
AMS Website - www.ams-sa.com – E-Mail acc@ams-sa.com

Release Form for Contractors

I _____ give Association Management Services permission to release information about my submitted request to my contractor _____.
The request is for a _____ at the following property address _____.

Homeowner Signature

Date