

# Homeowners Association

## Improvement Request Form

210-829-7202 Office \* 210-829-5207 Fax \* 866-232-4386 Toll Free  
AMS Website - [www.ams-sa.com](http://www.ams-sa.com) – E-Mail [acc@ams-sa.com](mailto:acc@ams-sa.com)

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:**

### **\*\*\*One Form Per Request\*\*\***

- 1. Improvement Request Form Completed and Signed by Homeowner** (*Homeowners must submit for renters*)
- 2. Complete & detailed building plans & specifications, material list, color swatches, and photos as applicable.**
- 3. 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 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: \_\_\_\_\_

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  
 Other (describe) \_\_\_\_\_

**Material 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) _____        |

**Please include color swatches, photos and/or samples for all materials.**

**Type of Improvement** (check or circle which improvement(s) apply to your request):

- |   |  |
|---|--|
| <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 within (30) thirty days of receipt 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**

=====

<b>OFFICE USE ONLY</b>
Date: _____
Received By: _____
Forwarded To Committee: _____

**COMMITTEE USE ONLY:**

Committee comments/suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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