

## Castle Hill Estates Owners Association Application for Home Improvement

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

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

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_  
WORK \_\_\_\_\_ FAX \_\_\_\_\_

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

### APPLICABLE ITEMS REQUESTED (please check):

Modification to residence _____	Fences/retaining walls/planters _____
Landscaping _____	Fence Staining _____
Pool/Spa _____	Patio Extension _____
Arbor/Patio Cover _____	Shed _____
Basketball goal _____	Trampoline _____
Other Items: _____	

Brief Description: \_\_\_\_\_

### SPECIFICATIONS

**Fencing:**  
 Height \_\_\_\_\_  
 Length \_\_\_\_\_  
 Material \_\_\_\_\_  
 Stain finish Color \_\_\_\_\_

**Roof:**  
 Material \_\_\_\_\_  
 Color \_\_\_\_\_  
 Warranty \_\_\_\_\_

**Building Exterior:**  
 Material \_\_\_\_\_  
 Color Scheme: \_\_\_\_\_  
 Exterior Walls \_\_\_\_\_  
 Trim \_\_\_\_\_  
 Other \_\_\_\_\_

**Other Structures:**  
 Dimensions \_\_\_\_\_  
 Siding Material / Color \_\_\_\_\_  
 Roof Material / Color \_\_\_\_\_

**Playground/Recreational Equipment:**  
 Dimensions \_\_\_\_\_  
 Color \_\_\_\_\_

**Patio Extension/Cover:**  
 Dimensions \_\_\_\_\_  
 Color \_\_\_\_\_

**Arbor:**  
 Dimensions \_\_\_\_\_  
 Finish Color \_\_\_\_\_  
 Pole Material \_\_\_\_\_  
 Roof Material \_\_\_\_\_

**Landscape Improvements:**  
 Tree Types \_\_\_\_\_  
 Color \_\_\_\_\_  
 Dimensions \_\_\_\_\_  
 Retaining Walls/Planter Material \_\_\_\_\_

Contractor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Owner's Acknowledgements:** I understand: **(Please read every item carefully and initial each)**

1. \_\_\_\_\_ that all proposed improvements must meet city, state and local codes. My signature indicates that these standards are met. I understand that all required permit(s) are my responsibility.
2. \_\_\_\_\_ that any variation from the original application must be resubmitted for approval.
3. \_\_\_\_\_ that no work on this request shall commence until written approval has been received.
4. \_\_\_\_\_ that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed; that if alterations are made, I may be required to return the property to its former condition at my own expense if this application is denied wholly or in part, and that I may be required to pay all legal expenses incurred.

**CASTLE HILL ESTATES OWNERS ASSOCIATION**

- 5. \_\_\_\_\_ that any approval is contingent upon construction and alterations being completed in a workmanlike manner and **completed within sixty (60) days** unless otherwise approved by the ACC and Board.
- 6. \_\_\_\_\_ that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.
- 7. \_\_\_\_\_ that nothing herein contained shall be construed to represent that alterations to land or buildings in accordance with these plans shall not violate any of the provisions of building and zoning codes of the country to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restrictions.

Please obtain your neighbors' signatures prior to submitting this application. It is a common courtesy to your neighbor to make them aware of your intent to make a change to your property. Neighbor signatures only indicate their awareness and in no way constitutes their approval or disapproval or that of the Committee or Board of Directors.

Neighbor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

Neighbor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

Neighbor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

**A complete set of working plans must be filed with this application (this should include plat plans, building floor plans, complete building elevations, dock, grading and improvement plans and specifications).** Samples of roofing materials and exterior color samples must be submitted and approved before use. Additionally, landscape plans (including landscape and softscape) must be included with the final submittal.

Signature of Owner(s): \_\_\_\_\_ Print Name(s) \_\_\_\_\_

Please return this application to: Lone Star Association Management, 2500 Legacy Drive, Suite 220, Frisco, Texas 75034  
Office: 469-384-2088 and Fax: 469-384-4653

**ARCHITECTURAL CONTROL COMMITTEE (USE ONLY)**

**HOMEOWNER'S NAME:** \_\_\_\_\_

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

**COMMITTEE ACTION:** \_\_\_ APPROVE \_\_\_ DENIED \_\_\_ INCOMPLETE

**Stipulation/Reason:** \_\_\_\_\_  
 \_\_\_\_\_

<b>Authorized Signature:</b> _____	<b>Authorized Signature:</b> _____
<b>Print Name:</b> _____	<b>Print Name:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____

<b>Authorized Signature:</b> _____	<b>Authorized Signature:</b> _____
<b>Print Name:</b> _____	<b>Print Name:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____