



# HARVEST MEADOWS

## **ARCHITECTURAL CONTROL COMMITTEE SUBMISSION INSTRUCTIONS**

- Please complete the required Exhibits.
- Email a copy of the plans and Exhibits to:
  - [ashleydent@owninaggieland.com](mailto:ashleydent@owninaggieland.com)
- Wait for approval to start construction

**EXHIBIT B**  
**HARVEST MEADOWS**  
**ARCHITECTURAL CONTROL**  
**COMMITTEE APPROVAL REQUEST FOR**  
**HOME CONSTRUCTION OR PROPERTY**  
**MODIFICATION**

Return Address: \_\_\_\_\_, TX \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

OWNER'S MAILING ADDRESS: \_\_\_\_\_

It is required that any property owner considering improvements to their property must make application to the ACC for approval, as per the residential restrictions. Any modifications which alter the existing architectural plan of the property must be submitted to the committee. The request must be made prior to commencing the modifications/construction and receipt of approval.

**PLEASE FILL OUT THIS FORM IN COMPLETE DETAIL**

Describe the improvements/modification to be made: (Attach sketch/plans/samples)

\_\_\_\_\_  
\_\_\_\_\_

Who will perform the work? \_\_\_\_\_

Approximate start date? \_\_\_\_\_

Location of improvements (front of house, back, patio, side, garage, etc.) \_\_\_\_\_

\_\_\_\_\_

Please list here, or complete the attached Exhibit C for exterior list, materials proposed to be used, including paint colors, etc.

\_\_\_\_\_  
\_\_\_\_\_

I understand that HARVEST MEADOWS ARCHITECTURAL CONTROL COMMITTEE will act upon this request as quickly as possible. I agree not to begin until the committee notifies me.

Signature of Homeowner: \_\_\_\_\_

Printed Name of Homeowner: \_\_\_\_\_

**UNLESS OTHERWISE STATED, ALL WORK MUST BE COMPLETED WITHIN NINETY (90) DAYS.**

# APPROVAL PAGE

This request has been reviewed for acceptance by the HARVEST MEADOWS ARCHITECTURAL CONTROL COMMITTEE.

Approved/Disapproved \_\_\_\_\_  
Chairman ACC Date

Your request has been (Approved/Disapproved).

You (**May/May Not**) commence construction.

## EXHIBIT C

### ARCHITECTURAL CONTROL COMMITTEE APPROVAL REQUEST NEW HOME CONSTRUCTION/EXTERIOR SELECTION SUBMITTAL

Date: \_\_\_\_\_

Builder Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Builder Phone: \_\_\_\_\_ Builder Fax: \_\_\_\_\_

Builder E-mail Address \_\_\_\_\_

Address of Home: \_\_\_\_\_ Lot: \_\_\_\_\_

Please complete the following information:

Description	Type	Color	Other Information
Shingles			
Brick			
Rock			
Siding – Front			
Siding – Back			
Siding – Sides			
Mortar			
Stucco Paint			
Chimney			
Trim Paint			

Other Information: \_\_\_\_\_

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