

Highbridge Homeowners Association, Inc.
ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW

Note: To avoid delay, make request as complete as possible or it will be returned for more information or denied as appropriate. Deed restrictions specify that approval must be obtained prior to construction.

Homeowner Name: _____

Property Address: _____

Mailing address (if different): _____

Phone: _____ E-mail: _____

Describe Modification/Improvement Project, including dimensions, location and materials involved

Has owner reviewed the Declarations of CC&Rs for the Association?	YES	NO
Was the City of Crandall contacted about necessary permits?	YES	NO
Will modification/improvement be visible from the street in front of home?	YES	NO
Will this project require temporary removal of fence?	YES	NO

Preferred Project start date: _____ Estimated completion date: _____

Name, address, phone number(s) of Contractor(s) performing work:

Attach copy of contractor's plans and/or drawings for any added structures
Attach copy of plat survey indicating where modification/improvement will occur
Additional landscaping must indicate name of plants or trees to be added

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Acknowledgements are required from any adjacent properties that will be most affected and/or have a view of your proposed change. Should one of your neighbors have concerns about the improvement, they should contact a member of the Architectural Control Committee.

Neighbors Names, addresses and phone numbers

Signature

Owner's Signature submitting completed application and acknowledging information is correct.

Property Address

Homeowners Signature

Date

This application must be mailed, faxed or scanned and attached to an email to:

Legacy Southwest Property Managing, LLC
Attn: Ivori Moore
8668 John Hickman Pkwy.
Frisco, TX 75034
Voice: 214-705-1615
Email: ivori@Legacyswhoa.com

Date Received by LSW: _____

Date Received by ACC: _____

(For ACC Committee Use Only)

ACC Decision (circle one):

APPROVED

DISAPPROVED

DENIED PENDING MORE INFORMATION

ACC Authorized Signature: _____ Date: _____

Reasons or Conditions:
