

NORTH FOREST ARCHITECTURAL REQUEST FORM

Request must be submitted at least 30 days prior to beginning construction or improvement. Please submit your application with all required documents via email to: info@montagecs.com. Once received your will receive verification of receipt. The approval process could take up to 30 days per the associations governing documents. If you have any additional questions, please call 281-232-7659. You can also mail this form to: North Forest C/O Montage Community Services, 7002 Riverbrook Dr. Ste 400 Sugarland, Tx 77479.

Association Name: NORTH FOREST SUBDIVISION

Name: _____ **Street Address:** _____

Phone Number: _____ **Email Address :** _____

The inclusion of an e-mail address authorizes the Architectural Control Committee to use electronic mail for official responses to this request.

The **Declaration of Covenants, Conditions and Restrictions** (the "Deed Restrictions") for the NORTH FOREST COMMUNITY ASSOCIATION specifies that all improvements as defined in the Deed Restrictions must be approved in writing by the Architectural Control Committee before their improvement begins. To assist in your compliance with this restriction, complete this form and submit it with your plans and specifications for the proposed improvement.

The plans and specifications will not be considered complete without the following items:

- ☐ A **plot plan** or **survey** showing the location and dimensions of all existing and proposed improvements.
- ☐ Existing and finished **grades** and lot **drainage provisions** shall be indicated.
- ☐ The **structural design, exterior elevations, exterior materials, color samples, textures and shapes** of all improvements described. **ROOF REPLACEMENT MUST BE ARCHITECTUAL STYLE**
- ☐ Estimated **time frame for completion** of project: _____ Start date _____

APPROVAL REQUESTED :

- | | | | |
|---|--|---|--|
| ☐ ROOF REPLACEMENT | ☐ DECK | ☐ DRIVEWAY EXTENSION | ☐ SWIMMING POOL |
| ☐ FENCE | ☐ EXT. REMODELING | ☐ EXT. PAINTING | |
| ☐ STORAGE SHED | ☐ LANDSCAPING | ☐ OTHER _____ | |

DESCRIPTION OF IMPROVEMENT:

ACC COMMITTEE RECOMMENDATION:

- ☐ **Approved** – Contingent upon the following criteria: ☐ **Not Approved** - Based on the following criteria:

PROPERTY OWNER SIGNATURE: _____

Date: _____