

(Committee Use Only) Application # _____ Number of Pages/Documents _____

**THE HILLS OF ARGYLE HOMEOWNERS ASSOCIATION
ARCHITECTURAL CONTROL COMMITTEE
REQUEST FOR PROPERTY MODIFICATION**

Deed restrictions specify that approval must be obtained prior to construction.

Phase: _____ Lot: _____ Block: _____

Name: _____

Property Address: _____

Mailing Address: _____
If Different

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Project Start Date: _____

Project Completion Date: _____

Applicable deed restrictions read? _____

Will this project require fence removal? _____

What is the nature of your project? _____

What impact will this have on your neighbors, if any? _____

Will this project be visible from the street? _____

Use a second page to provide more details if needed.
Note: to avoid delays, make request as complete as possible
Or it will be returned for more information or denied as appropriate.

The Hills of Argyle
Homeowners Association

(Committee Use Only) Application # _____ Number of Pages/Documents _____

Include a plan view or plat drawing, to scale, and any other supporting documents that explicitly show project location. Include multiple perspectives if helpful. Specify distance from fences, easements, other structures and neighboring properties. Also include blueprints and rendering pictures or drawings of the finished product if applicable.

Specify any that apply: Construction and finish materials, including color, siding, stain or paint colors (include brand name, color number and color chips), masonry type (i.e. brick, stone, etc.), drainage plan, plant sizes and types, electrical or plumbing, wood type. Include rendering or picture (designating colors and materials of finished projects).

We the undersigned agree to comply with the First Amended and Restated Declaration of Restrictions, Covenants and Conditions of the Hills of Argyle, as well as all stipulations as stated by the Architectural Control Committee. We certify that this project will comply with al City, State and Federal building and safety codes and ordinances as applicable. Additionally, all appropriate permits and inspections will be obtained.

Date

Signature of Owner

Two complete application copies (including supporting documents) must be mailed to:

Lone Star Association Management
2500 Legacy Drive, Suite 220
Frisco, Texas 75034
Phone: 469-384-2088
Fax: 469-384-4653
sswan@lonestarmangement.com

Date Forwarded to ACC for Approval: _____

Signature of ACC Authorize Representative

Date: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<input type="checkbox"/> Conditional Approval	<input type="checkbox"/> Disapproved for more information

Signature of ACC Authorize Representative

Date: _____

Approval by the ACC committee does not circumvent, modify or grant a variance from City, State or Federal building safety codes or ordinances.

Signature of ACC Authorize Representative

Date: _____

