

Rosebrook Homeowners Association, Inc.

Application for Home Improvement

NAME: _____ DATE: _____

ADDRESS: _____ Lot# _____

PHONE: HOME _____ CELL _____
WORK _____ FAX _____

EMAIL: _____

APPLICABLE ITEMS REQUESTED (please check):

Modification to residence _____ Fences/retaining walls/planters _____
Roof _____ Signs _____
Mailbox _____ Other Items i.e. fountains & pools _____
Brief Description: _____

SPECIFICATIONS

PLEASE NOTE THAT ALL EXTERIOR IMPROVEMENTS, FENCES, BUILDINGS, STRUCTURES ETC. OWNER MUST PROVIDE A PLAT INDICATING LOCATION OF IMPROVEMENTS.

Please contact RCPM for verification of any questions you may have.

Modification to Residence Exterior:

Material _____
Color Scheme: _____
Exterior Walls _____
Trim _____
Other _____

Fencing:

**PROVIDE ~
LOCATION ON PLAT,
PLAT WITH GATE LOCATIONS,
ELEVATION DRAWING OR MFG. SPEC SHEET
(PANEL OR SECTION)**

Picket Profile _____
Picket Spacing _____
Horizontal Rails _____
Post Spacing _____
Post Material _____
Treatment: Paint, Stain, Coating, etc. _____
Height _____ Width _____
Construction Material _____

Gate Detail:

Height _____ Width _____
Material _____
Treatment or Mfg. Specs _____

Sign Request:

Home for Sale _____
Lot for Sale _____
Dimensions _____

Mailbox:

Dimensions _____
Material _____

Roof:

Material _____
Length _____
Warranty _____

Other Request:

CONTRACTOR INFORMATION

Contractor's Name: _____
Address: _____
Phone: _____

Owner's Acknowledgements: I understand: (Please 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.

Rosebrook Homeowners Association, Inc.

- 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.
- 5. _____ that any approval is contingent upon construction and alterations being completed in a workmanlike manner.
- 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.
- 8. _____ work has already been completed / started.

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. A homeowner has 90 (ninety) days to complete the work approved by an ACC Request, if the work is not completed in the time allowed, the homeowner must notify management and request an extension. The maximum time allowed is six (6) months; the homeowner must resubmit their ACC Request for approval.

Signature of Owner(s): _____ Print Name(s) _____

Please return this application to: Rose City Property Management, Inc.
 100 Independence Place, Suite 301
 Office 903-534-0001 / Fax: 903-534-0072

ARCHITECTURAL CONTROL COMMITTEE (USE ONLY)

HOMEOWNER'S NAME: _____

ADDRESS: _____

COMMITTEE ACTION: ___ APPROVE ___ DENIED ___ INCOMPLETE

Stipulation/Reason: _____

Authorized Signature: _____

Print Name: _____

Date: _____

Authorized Signature: _____

Print Name: _____

Date: _____

Authorized Signature: _____

Print Name: _____

Date: _____