

# HUNTINGTON VILLAGE COMMUNITY ASSOCIATION

## HOME IMPROVEMENT APPLICATION

Submit to: c/o Randall Management, 6200 Savoy, Suite 420, Houston, TX 77036

Tel: 713-728-1126 option 3. Cell: 832-702-4782 (text)

Or Email: [am1@randallmanagement.com](mailto:am1@randallmanagement.com), [manager1@randallmanagement.com](mailto:manager1@randallmanagement.com).

All exterior modifications to your property must be approved in advance by the Architectural Control Committee (ACC) of your homeowner's association. The ACC will review your request to make sure that the improvement is consistent with the deed restrictions and compatible with the overall character and aesthetics of the community. Please provide as much detail as possible so that the ACC will properly understand your request. Without a complete description of your request, the application will be temporarily denied and returned pending receipt of the additional information requested. After you have completed this form, please return it along with specifications, material samples (if appropriate), plot plans, and/or drawings to Randall Management, Inc. Thank you for your cooperation and for complying with your Association documents. Register for updates <https://huntingtonvillagehoa.frontsteps.com>.

### PLEASE PRINT

Homeowner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Best Contact Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe the Improvement (you must be specific - attach a sketch, drawing or photo)

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

Location of the Improvement (attach a plot plan or sketch of location of the improvement)

\_\_\_\_\_

Material To Be Used (attach sample if appropriate)

Paint (paint chips **required**) \_\_\_\_\_ Brick (type/color) \_\_\_\_\_

Roof Shingles (manufacturer/color/weight) \_\_\_\_\_

Metal (type) \_\_\_\_\_ Wood (type/grade) \_\_\_\_\_

Additional materials and/or comments \_\_\_\_\_

\_\_\_\_\_

Planned Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Planned Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Who will perform the work \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge. Any changes from the above will nullify this application and/or its approval by the committee. Work begun or completed prior to written approval of this application is subject to penalty including, but not limited to, forced removal if the application is ultimately denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*ACC Committee Use Only:*

Approved \_\_\_\_\_ Conditionally Approved \_\_\_\_\_ Denied \_\_\_\_\_

Explanation: \_\_\_\_\_

Signed: \_\_\_\_\_

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