Houston Community Management Services, Inc.

Home Improvement Request

The New Property Owners Association of Newport, Inc.

All exterior modifications to your property must be approved in advance by the Architectural Control Committee. The ACC will review your request to make sure that the improvement will be done in a professional, sound manner and will fit in with the aesthetics of the community. Please provide as much detail as possible so the ACC can properly understand your request. Without a complete description of your request, the form will have to be returned for more information. After you've filled out this form, please return it to the address shown above. Thank your for your cooperation and concern for your community.

OWNER NAME_____

PROPERTY ADDRESS_____

MAILING ADDRESS_____

PHONE (home) _____ (office) _____

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 on property)

_____

_____

_____

MATERIALS TO BE USED (attach sample, if appropriate)

Paint (paint chips required) _____

Lumber (type/grade) _____

Brick (type/grade) _____

Concrete_____

Roofing (sample required)_____

Electrical _____

Other _____

OTHER COMMENTS

_____

_____

_____

PLANNED START DATE_____

EXPECTED COMPLETION DATE_____

According to the Deed Restrictions, the Architectural Control Committee has **up to 30 or 40 days** (depending on the section) after receipt of this application to make a decision, so please submit the request far enough ahead of time. For your own protection. Make sure you don't start the improvement until you have received proper approval. The more detail you provide about your improvement, the easier it will be to understand what you plan to do and to make a decision.

SIGNATURE_____DATE_____

--**PLEASE DO NOT WRITE BELOW LINE**--

COMMENTS CONCERNING REQUEST

_____

_____

_____

____ APPROVED with the following restrictions, if any:

_____

_____

___DISAPPROVED for the following reasons:

_____

_____

Review Signature and Date: Ace Signature and Date:

_____ _____   _____ _____

_____ _____   _____ _____