

Request for A.C.C. Approval
RETURN TO CAM
Cypresswood Community Association
9802 F.M. 1960 Bypass W., Suite 210
Humble, TX 77338
(281) 852-1155 (281) 852-9111 - Fax

1. Please provide the information requested below, and attach this sheet to your plans.
2. Please provide a sketch of the location of the proposed work on a photocopy of the plat of your property. Scaled architect's, engineer's or contractor's drawings may be used as an alternative if lot lines, easements and building set-back lines are shown. Sketches are not required for re-roof or re-paint. However, shingle weight and color, or color of paint must be specified (paint chips are required).
3. If you desire a copy of the approved plans, please submit an extra set for review. The principal copy of all submitted plans will be retained by the Committee.
4. Your plans will be reviewed as soon as possible. The Committee is required to act on the plans within 30 days, but the review process rarely takes that long.
5. **Exterior work can not begin until the A.C.C. has approved the modification and written notice from CAM has been sent to the homeowner.**

NAME: _____

PROJECT ADDRESS: _____

OFF-SITE MAILING ADDRESS _____

HOME TELEPHONE: ____-____-____ SEC: ____ BLK: ____ LOT: ____

MODIFICATION FOR WHICH APPROVAL IS REQUESTED:

NAME OF CONTRACTOR (if any): _____

PHONE: _____ ADDRESS: _____

PROPOSED CONSTRUCTION START DATE: __/__/__

Your project must start within 90 days from the date of approval, or you must resubmit for approval.

PROPOSED COMPLETION DATE: __/__/__

All projects must be completed within 120 days from the date the project commenced.

Please Note: Approval of plans submitted will be contingent upon the right of the Architectural Control Committee to make an exterior inspection of the property to assure the improvement and/or addition are constructed in accordance with the plans approved by the A.C.C. Your signature on this form gives your consent to have the property inspected by the A.C.C. RETURN TO CAM AT ABOVE ADDRESS ONLY

SIGNATURE OF APPLICANT: _____ DATE: _____