Kingsborough Kaufman Homeowners Association, Inc.

ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW

Note: To avoid delays, please ensure your request includes all necessary information. Incomplete submissions may be returned for additional details or denied as appropriate. Please remember that deed restrictions require approval to be obtained prior to the start of any construction.

Homeowner Name _____

Property Address, City, State, Zip _____

Mailing address (if different) _____

Phone _____ **and email for contact**_____

Describe Modification/Improvement Project, including dimensions, location and materials involved

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Will this project require access through HOA common area?	**YES I NO**
Has the owner reviewed Declarations of CC&Rs for the Association?	**YES I NO**
Was the County of Kaufmann contacted about necessary permits?	**YES I NO**
Will modification/improvement be visible from the street in front of home?	**YES I NO**
Will this project require temporary removal of fence?	**YES I NO**
Are you aware that no vendor signs are allowed?	**YES I NO**

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Preferred Project start date _____ **Estimated completion date** _____

Name, address, phone number(s) of Contractor(s) performing work: _____

_____

- **Attach copy of contractor's plans and/or drawings for any added structures**
- **Attach copy of plat survey indicating where modification/improvement will occur**
- **Additional landscaping must indicate name of plants or trees to be added**

Acknowledgements are required from any adjacent properties that will be most affected and/or have a view of your proposed change (shed/play structure). Should one of your neighbors have concerns about the improvement, they should contact a member of the Architectural Control Committee.

Neighbor's Name, address and phone number **Signature** _____

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Neighbor's Name, address and phone number **Signature** _____

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Neighbor's Name, address and phone number **Signature** _____

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By signing and submitting this application I acknowledge that the information provided is correct and I agree to all terms within this agreement. I understand that the Architectural Control Committee (ACC) will act on this request and contact me in writing regarding their decision. I understand that the ACC has up to 30 days to review the application. I agree not to begin work on this improvement prior to receiving written approval from the Architectural Control Committee. I understand if any change is made without approval, I may be required to remove the improvement from my property at my expense. I also understand that all construction must comply with the Associations Governing Documents and all City codes. The ACC does not override any City code and the approval from the ACC is not an approval from the City. Prior to any commencement of work, I agree to obtain the necessary permits from the city. I agree not to alter existing drainage patterns on my lot. I understand that if there is any negative impact to drainage I am required to correct the drainage to the original state. I understand that approval is not a guarantee of structural safety or engineering soundness. I understand that failure to comply with all items in the agreement will result in the withdrawal of approval. **If the ACC fails to approve the plans and specifications within thirty (30) days after receipt thereof, the plans and specifications shall be deemed disapproved.**

Owner's Signature submitting completed application and acknowledging information is correct.

Signed _____ Date_____

This application must be mailed or emailed to:

Legacy Southwest Property Management, LLC
Attn: Selina Emminger
5600 Tennyson Pkwy Ste 270
Plano, TX. 75024
Voice: 214-705-1615
Email: Selina@Legacyswhoa.com or submit online via your CINC portal.

Date Received by LSW _____
Date Received by ACC _____

(For ACC Committee Use Only)

ACC Decision (circle one):

APPROVED DISAPPROVED DENIED PENDING MORE INFORMATION

ACC Authorized Signature _____ Date _____

Reasons or Conditions: