

Western Oaks

Architectural Change Request Form

RESIDENT INFORMATION

Name:	_____	_____
	Last	First
Street Address:	_____	
Phone No.:	_____	Alternative Phone No.: (_____)_____
Email Address:	_____	

DESCRIPTION OF CHANGE

Please include a detailed description of the change/s to be made, including (but not limited to): the type of building materials and finishes to be used, all relevant dimensions, the actual placement on the lot, etc. A blueprint or designer's drawing, paint samples, photographs and/or further description of change/s should be attached to this request.

Resident Signature: _____ Date Signed: _____

NOTE: If work does not begin within 90 days from the approval date, a new request form must be submitted.

ACC/Office Use Only	Request No.: _____	Date Received: _____
Your request will be logged in and assigned to one of the following ACC members:	<input type="checkbox"/> Approved _____	
Clifford Culver – 899-0517	<input type="checkbox"/> Disapproved _____	
Willie Haas – 892-6154	<input type="checkbox"/> Contingent Approval _____	
Jay Hartzler – 892-4920		
David Hines – 891-9535		

ARCHITECTURAL APPROVAL/SIGNATURES

Committee Approval #1: _____ Date Signed: _____

Committee Approval #2: _____ Date Signed: _____

Faxed to: WO Property Mgmt Group for monitoring compliance. Date Faxed: _____

Submit (1) ORIGINAL and (1) COPY to: Architectural Control Committee (ACC): 6804 One Oak Road, Austin, Texas 78749.

HOMEOWNER FOLLOW-UP

Please contact the Architectural Committee when repairs/remodeling are complete.

ARCHITECTUAL COMMITTEE FOLLOW-UP

Committee Review: _____ Date Signed: _____