

Lexington Square Association, Inc.

REQUEST FOR ARCHITECTURAL CONTROL COMMITTEE APPROVAL

This is your application requesting that an improvement to your lot or home be approved by the LSA Architectural Control Committee. Please read it carefully and mail **two (2)** completed copies (*Emailed or faxed requests will NOT be accepted.*) to:

Lexington Square Association, Attn: ACC

P. O. Box 338

Missouri City, TX 77459

Phone: (281) 668-8695

E-Mail: lexingtonsquareboard@gmail.com

Website: www.lexingtonsquareassociationinc.org

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Fax: _____

The Architectural Control Committee will review your information and approve or deny your request. *The Architectural Control Committee has up to (30) thirty days to respond with a decision (following the receipt of this request).*

DESCRIPTION OF REQUESTED APPROVAL/BOARD NOTIFICATION:

_____ ROOM / PATIO ADDITION – A small sample of shingles must accompany this application. New or replacement roof shingles must comply with the specifications listed in the Declaration of Covenants, Conditions and Restrictions of Lexington Square Association, Inc.

_____ FENCE ADDITION OR REPLACEMENT

_____ OTHER

DETAILS OF PROPOSED WORK:

NOTE: A copy of the SURVEY (REPLAT) of your lot showing the *exact* location, height/square footage of the improvements, existing structures and property lines and a complete list of construction materials. Construction drawings/plans must accompany this application before a decision is rendered.

CERTIFICATION AND AGREEMENTS:

The homeowner certifies that all materials submitted to the Architectural Control Committee with this application for review are true and correct. The homeowner understands and agrees that no work may be performed prior to or in deviation from the terms of a permit approved by the Architectural Control Committee. The homeowner agrees to be bound by the Architectural Control Committee Rules and Standards.

Application Date: _____ Est. Start Date: _____ Est. Completion Date: _____

Homeowner Signature: _____

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TO BE COMPLETED BY THE ACC MEMBERS ONLY

Date received by HOA Board: _____

Date received by Architectural Control Committee: _____

Architectural Control Committee action:

_____ Approved _____ Disapproved _____ Other

COMMENTS:

Lexington Square Association, Inc. Architectural Control Committee

By: _____

Date of Action: _____

Disclaimer: This application has been reviewed for the limited purpose of determining the aesthetic compatibility of design with various provisions of **LEXINGTON SQUARE ASSOCIATION, INC.** Declaration of Covenants, Conditions and Restrictions. No review has been made with respect to functionality, safety, compliance with governmental regulation, or otherwise and any party with respect to any such matters should make no reliance on this approval. The above signed expressly disclaims liability of any kind with respect to this request, the review thereof, or any structure built pursuant thereto. The Architectural Control Committee makes no warranties of any kind, express or implied, or any of its members and none are to be inferred from approving or disapproving this application.

Lexington Square Association, Inc.
Board of Directors
Architectural Control Committee