

TWIN FALLS COMMUNITY ASSOCIATION, INC.
ARCHITECTURAL REVIEW APPLICATION

Name _____

Address _____

Phone _____ Email _____

The inclusion of an email address authorizes the use of electronic mail for official responses to this request.

The **Declaration of Covenants, Conditions and Restrictions** (the "Deed Restrictions") for *Twin Falls Community Association, Inc.* specifies that all improvements as defined in the Deed Restrictions must be approved in writing by the Architectural Control Committee at least 30 days prior to beginning construction or improvement. To assist in your compliance with this restriction, complete this form and submit it with your plans and specifications for the proposed improvement.

Mail, fax or email the completed form to:
Community Solutions
P.O. Box 5191, Katy, TX 77491
F (713) 344-0472
service@csutx.com

The plans and specifications will not be considered complete without the following items:

- A **plot plan** or **survey** showing the location and dimensions of all existing and proposed improvements.
- Existing and finished **grades** and lot **drainage provisions** shall be indicated.
- The **structural design, exterior elevations, materials, colors, textures and shapes** of all improvements.
- Estimated **time frame for completion** of project _____.

APPROVAL REQUESTED

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Basketball Goal | <input type="checkbox"/> Fence | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Playscape |
| <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Deck | <input type="checkbox"/> Driveway Extension | <input type="checkbox"/> Ext. Painting |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Ext. Remodeling | <input type="checkbox"/> Sport Court | <input type="checkbox"/> Other _____ |

Description of Improvement _____



I understand and agree that it is the duty of the property owner and any contractor or consultant employed by the owner to determine that the proposed improvement(s) are structurally, mechanically and otherwise safe and that it is designed and will be constructed in accordance with the architectural restrictions applicable.

I agree that neither the Association, nor any Director, Officer, Committee, Managing Agent, member or employee thereof, shall be liable for damage or otherwise because of the approval or non-approval of this application or any facet thereof. I hereby release, indemnify and hold harmless the Indemnified Parties from any claim, liability, damage, suit and attorney's fees arising out of any action or omission of any of Indemnified Parties with regard to this application and in regard to the design, plan review, construction or inspection of the proposed improvements, including any potential claims.

Signature _____ Date ____/____/____

FOR OFFICE USE ONLY

Date Received ____/____/____

Entered into VMS ____/____/____

Response Received ____/____/____

Response ____ Approved ____ Denied

Additional Info Required ____ Yes ____ No

Letter Sent ____/____/____

Additional Info Received ____/____/____

Second Response Received ____/____/____

Letter Sent ____/____/____

ACC RECOMMENDATION

Approved

Conditional Approval

Denied

Signature _____ Date ____/____/____

