



13313 Southwest Freeway, Suite 265, Sugar Land, Texas 77417-3543
Phone (281) 242-250 * Fax (281) 242-1404

Commercial Building Request Bay Pointe Community Association

All exterior modifications to your property must be approved in advance by the Architectural Review Committee. The ARC will review your request to make sure that the improvement will be done in a professional, sound manner and will fit in with the aesthetics of the community. Please provide as much detail as possible so that the ARC can properly understand your request. ***Without a complete description of your request, the form will be returned for more information.*** After you've filled out this form, please return it to the address shown above. Thank you for your cooperation and concern for Bay Pointe community.

OWNER NAME _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

PHONE (home) _____ (office) _____

DESCRIBE THE IMPROVEMENT (you must be specific -- attach a sketch, drawing or photo)

ESTIMATED PROJECT DATES: START _____ COMPLETE _____

LOCATION OF THE IMPROVEMENT (attach a plot plan or sketch of location on property)

Dimensions (H/W/D) _____

MATERIALS TO BE USED (attach sample, if appropriate)

Paint (paint chips required) _____

Lumber (type/grade) _____

Brick (type/color) _____

Roofing _____

Cement _____

Pipe _____

Electrical _____

Other _____

(over)

OTHER COMMENTS

PLANNED START DATE _____ EXPECTED COMPLETION DATE _____

According to the Deed Restrictions, the Architectural Review Committee has **up to 60 days** after receipt of this application to make a decision, so please submit the request far enough ahead of time. For your own protection, make sure you don't start the improvement until you have received proper approval. The more detail you provide about your improvement, the easier it will be to understand what you plan to do and to make a decision. ***Incomplete applications will be denied. If you have questions about information requirements, please contact C.I.A. Services at 281-242-2503.***

SIGNATURE: _____ DATE: _____

----- **Please Do Not Write Below Line** -----

Account Number _____	VREF # _____
Date Received _____	Date Improvement Complete _____
Date Sent to ARC _____	
Date of ARC Decision _____	Date of Final Approval _____
Date Returned to Homeowner _____	

COMMENTS CONCERNING REQUEST

<input type="checkbox"/> APPROVED with the following restrictions, if any:	<input type="checkbox"/> SUBJECT TO FINAL INSPECTION
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<input type="checkbox"/> DISAPPROVED for the following reasons:	<input type="checkbox"/> INCOMPLETE INFORMATION
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ARC Signature and Date:

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