

**HOME IMPROVEMENT REQUEST**

All exterior modifications and improvements to your property must be approved in advance by the Architectural Control Committee (ACC). *No request is needed for repainting of any previously approved structure if paint color does not change.* The ACC will review your request to ensure modification/improvement will be done in a professional, sound manner and will fit in with the aesthetics of the community. Please provide in detail the information noted below so the ACC can properly understand your request. Without a complete description of your request, your request will be disapproved and returned without action. After you have completed this form, please mail it to **COMANCHE CLIFFS HOMEOWNERS ASSOCIATION, ATTN: Architectural Control Committee, 1345 Comanche Path, Bandera, TX 78003.** Thank you for your cooperation and concern for your community.

**APPLICANT INFORMATION:**

Owner Name \_\_\_\_\_ Lot No \_\_\_\_\_  
Owner Mailing Address \_\_\_\_\_  
Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email address \_\_\_\_\_

**DESCRIBE THE MODIFICATION/IMPROVEMENT** (be specific – attach a set of blueprints, drawing w/specifications, photo or brochure)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF THE MODIFICATION/HOME IMPROVEMENT** (attach survey or sketch showing location of modification/improvement on property)

\_\_\_\_\_  
\_\_\_\_\_

**MATERIALS TO BE USED** (attach sample or brochure, if appropriate)

EXTERIOR (check all that apply):

Wood \_\_\_\_\_ Stone \_\_\_\_\_ Brick \_\_\_\_\_ Hard Plank \_\_\_\_\_ Stucco \_\_\_\_\_ Other (specify) \_\_\_\_\_

PAINT (*color chip required*):

Base Color \_\_\_\_\_ Trim Color \_\_\_\_\_ Accent Color \_\_\_\_\_

Location for Each Color \_\_\_\_\_

ROOFING:

Manufacturer (e.g., Elk) \_\_\_\_\_ Series (e.g., Prestique) \_\_\_\_\_ Warranty \_\_\_\_\_

Color \_\_\_\_\_ Style (e.g., 3 tab, standing seam) \_\_\_\_\_

**OTHER INFORMATION**

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The Architectural Control Committee has 30 days from receipt of a completed application to provide written notification of its decision. You may not begin modification/improvement prior to receipt of the ACC’s notification. If you do not receive a letter within 30 days, please notify a member of the ACC (names and contact information is listed at [www.comanchecliffs.net](http://www.comanchecliffs.net) under the heading “Board of Directors/Committees.”

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Do Not Write Below This Line**

Received by	Name	Date
To ACC	Name of ACC Member	Date

**COMMENTS CONCERNING APPLICATION**

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**DECISION**

- APPROVED
- DISAPPROVED for the reasons noted below

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ACC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACC Signature: \_\_\_\_\_ Date: \_\_\_\_\_