

Please return to:

Spring Shadows Civic Association, 10355 Centrepark Drive, Suite 220, Houston, TX 77043

Email to: sscaoffice@yahoo.com or by Fax to 713-460-2399.

Please call 713-460-1718 if you have any questions.

Forms can be found at www.springshadows.org

1 of 4 Pages

ARCHITECTURAL CONTROL APPLICATION

In accordance with the governing documents of the Spring Shadows Civic Association ("SSCA"), all exterior improvements and/or changes from the original construction must be submitted to and approved by the Architectural Control/Deed Restriction ("ACDR") Committee. Failure to receive approval for the improvement and or change may result in your having to remove, alter or change the improvement in order to comply with the rules and regulations of the Association.

Homeowner Name: _____ Property Address: _____

Phone Day: _____ Evening _____ Anticipated Construction Dates: From: _____ To _____

Email Address: _____ Offsite Address: _____

PLEASE NOTE- APPLICATIONS WILL BE AUTOMATICALLY DENIED IF THE APPLICABLE ITEMS ARE NOT PROVIDED AS INDICATED BELOW.

To prevent delay when applying for several projects, please submit a separate application for each project.

Indicate whether this application is for (circle one) - NEW REPAIR REPLACE OTHER

Include details in description below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Repair Exterior Wood/Brick | <input type="checkbox"/> Patio/Patio Cover | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Repaint Residence Same Color | <input type="checkbox"/> Gutters or other drainage |
| <input type="checkbox"/> Siding: Cement, Vinyl
Aluminum (circle one) | <input type="checkbox"/> Paint Residence a Different Color | <input type="checkbox"/> Mailbox |
| <input type="checkbox"/> Walkway or Sidewalk | <input type="checkbox"/> Paint Brick | <input type="checkbox"/> Playsets |
| <input type="checkbox"/> Room Addition | <input type="checkbox"/> Replace Door(s) | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Solar Screens/Window Tinting | <input type="checkbox"/> Replace Garage Door | <input type="checkbox"/> Storage Shed or separate building or structure |
| <input type="checkbox"/> Security Features/Equipment | <input type="checkbox"/> Driveway Expansion | <input type="checkbox"/> Other or Visible from the Street
Describe in Detail |
| <input type="checkbox"/> Roof - *See Roof Guidelines on Page 4 | <input type="checkbox"/> Porte-cochere | |

Material: _____ Color: _____ Warranty: _____

Describe changes below and provide as much detail as you feel necessary to assist the Committee with their review of your application. **Please attach drawings, blue prints, plans, specifications, dimensions, material to be used, colors, pictures, survey or plat, contractor's information, written bids, brochures, or other information that will assist the committee in reviewing the project. Additional pictures which show the portions of the house to be painted, modified, or repaired are frequently very helpful when describing your project.** Please provide a frontal picture of the house (page 2).

**ATTACH A FRONTAL VIEW OF THE HOUSE;
THIS APPLIES TO ALL APPLICATION REQUESTS**

PRIMARY COLOR

INCLUDE PAINT NUMBERS

**IF YOU ARE USING AN ORIGINAL
PAINT, YOU MAY PAINT THIS AREA**

TRIM COLOR

INCLUDE PAINT NUMBERS

**IF YOU ARE USING AN ORIGINAL
PAINT, YOU MAY PAINT THIS AREA**

DOORS, SHUTTERS, GUTTERS, etc.

INCLUDE PAINT NUMBERS

PRIMARY

Color Name: _____

Color Number: _____

TRIM

Color Name: _____

Color Number: _____

**INDICATE DOOR, SHUTTER
GUTTER, ETC.**

Color Name: _____

Color Number: _____

Does painting include the brick (circle one): YES NO

"I understand that the Architectural Control Committee is a group of volunteers in the community and will act on the request as quickly as possible and contact me regarding its decision. I hereby certify that the proposed construction or modification is in full compliance with all of the Deed Restrictions, guidelines and Resolutions adopted by the Association. I agree not to begin the proposed project until the Architectural Committee notifies me of approval. If construction has already begun, I will cease construction until approval has been granted. I also understand that in the event a dispute arises, I can appeal to the Board of Directors for resolution of the matter."

Homeowner's Signature: _____ Date Applied: _____

Applicant Name, if not the Homeowner: _____ Contact Number: _____

Comments: _____

The application and all information submitted will be retained by the Committee.

PLEASE NOTE- APPLICATIONS WILL BE AUTOMATICALLY DENIED IF THE APPLICABLE ITEMS ARE NOT PROVIDED AS INDICATED BELOW:

- ▶ A site plan/survey indicating the location of the structure, paving or fencing changes, providing measurements as needed to identify the location of the proposed improvements.
- ▶ Color swatches and samples with company brand, numbers of paint or stain. Attach color swatches for paint and a front picture of the house.
- ▶ For windows and doors, please include photos/drawings, brochures and specifications.
- ▶ HOMEOWNERS ARE RESPONSIBLE FOR ANY CITY PERMITS REQUIRED FOR THE PROJECT.
- ▶ Completion of all applicable areas below.

For Office Use Only

Acct # _____ Sec. _____ Blk _____ Lot _____

Form Revised February 2016

Date Received _____

Date Approved / Rejected _____

Approved By: _____

Rejected By: _____

COMMITTEE MEMBER SIGNATURE: _____

PERMIT NO: _____

Add on: _____

ROOFING GUIDELINES FOR SPRING SHADOWS

The following roofing materials have been approved by the Architectural Control/Deed Restriction Committee for use in Spring Shadows. Any roofing material being installed without proper approval shall be required to discontinue until the correct procedures are taken. Failure to receive approval for the improvement and or change may result in your having to remove, alter or change the improvement in order to comply with the governing documents and covenants of the Association. Shingles shall be nailed to current code and installed with a wind rating for each brand of shingle and nailing pattern by manufacturer or code. All shingles must have a minimum of a 30 year warranty or higher.

1. GAF/ELK: High Definition or Shadowline
Weathered Wood, Antique Slate, Shakeswood, Sablewood, Hickory, Barkwood, Burnt Sienna, Charcoal, Pewter Gray, Cedar, Heather, Mission Brown, Slate
2. CERTAINTEED: Max Definition in these approved colors.
Colonial Slate, Moire Black, Resawn Shake, Heather, Georgetown Grey, Driftwood, Granite Grey, Shadow Grey, Weathered Wood
3. OWENS CORNING OAKRIDGE:
Brownwood, Teak, Desert Tan, Driftwood, Onyx Black, Estate Gray, Quarry Gray, Colonial Slate, Amber
4. TAMKO HERITAGE 30 & TAMKO HERITAGE PREMIUM:
Weathered Wood, Rustic Black, Rustic Slate, Rustic Cedar, Natural Timber, Black Walnut, Rustic Hickory, Oxford Grey, Thunderstorm Grey, Shadow Grey

***IF YOU ARE REPLACING THE TRIM OR GUTTERS WITH THE ROOF, MAKE SURE TO INCLUDE ALL PERTINENT INFORMATION ON THE APPLICATION, INCLUDING COLOR, MATERIAL AND SPECIFICATIONS**

REMINDER: HOMEOWNERS ARE RESPONSIBLE FOR PURCHASING CITY OF HOUSTON PERMITS. Call the City of Houston Permitting Office at Residential One Stop - 832-394-8820 to find out if your project needs a city permit.