

Please return to:

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

Email to: office@springshadows.org 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

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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 Committee ("ACC") 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 (see Page 3) | <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"/> Solar Panels | <input type="checkbox"/> Porte-cochere | |
| | <input type="checkbox"/> Generator | |

Roof - *See Roof Guidelines on Page 4

Brand: _____ Color: _____ Warranty(30 yrs to life): _____

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).

FRONTAL VIEW OF YOUR HOUSE

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 Control 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.**
- ▶ **Fence pickets are limited to either Cedar or Redwood, and a maximum height of 6'. A rot board of up to 12" is allowed, limiting the fence height to no more than 7'. The rot board may be treated pine. State picket material & length and height, and rot board (if any) material and height.**
- ▶ **Gutters must be made of aluminum or steel. Vinyl is not allowed.**
- ▶ **Color swatches and samples with company brand, paint color name, and paint/stain numbers. 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.**

For Office Use Only

Acct # _____ Sec. _____ Blk _____ Lot _____

Date Received: _____ Date Approved / Rejected: _____

Approved By: _____

Rejected By: _____

COMMITTEE MEMBER SIGNATURE: _____

PERMIT NO: _____

Add on: _____

APPROVED ROOFING MATERIALS FOR SPRING SHADOWS CIVIC ASSOCIATION

The following roofing materials have been approved by the Spring Shadows Civic Association (SSCA) Architectural Control Committee (ACC) for use in Spring Shadows. All homeowners replacing roofs must have an approval letter, even if their choice is listed below. A homeowner wishing to use a roofing shingle not approved must submit at least one (1) complete shingle (non-returnable) to the ACC for consideration. All shingles must be a dimensional architectural style and must have a U.L. Class-A fire rating. **3-Tab shingles are not approved for use within SSCA.**

Any roofing material being installed without proper approval shall be required to discontinue installation 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 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 set by manufacturer or code.

	Manufacturer			
	GAF: Timberline *HDZ; Natural Shadow	CertainTeed: Landmark Landmark Pro	Owens-Corning: Oakridge True Def Oakridge TruDef Duration	TAMKO: Heritage; Heritage Vintage
Approved Colors	Slate	Georgetown Gray	Estate Gray	Thunderstorm Grey
	Weathered Wood	Weathered Wood	Driftwood	Weathered Wood
	Charcoal	Moiré Black	Onyx Black	Rustic Black
	Barkwood	Heather Blend	Teak	Black Walnut
	Hickory	Burnt Sienna	Brownwood	Mountain Slate
	Mission Brown	Mission Brown		
	Pewter Gray	Cobblestone Gray		

HOMEOWNERS ARE RESPONSIBLE FOR ANY CITY PERMITS