

# Hillstead Homeowners Association, Inc.

## ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW

*Note: To avoid delay, make request as complete as possible or it will be returned for more information or denied as appropriate. Deed restrictions specify that approval must be obtained prior to construction. Cost for review of Request is \$95, Cost for Re-Review is \$75*

Homeowner Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Lavon, TX 75166  
Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_@\_\_\_\_\_

Describe Modification/Improvement/Project, including dimensions, Location, materials, and colors involved:

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Has Owner review the Declaration of Covenants, Conditions and Restrictions (CC&Rs) for the Association? YES / NO

Will the modification/improvement/project be visible from the street in front of the home? YES / NO

Will this modification/improvement/project require the temporary removal of fencing? YES / NO

Preferred modification/improvement/project start date: \_\_\_\_\_

Estimated modification/improvement/project completion date: \_\_\_\_\_

Name, address, phone number(s), and email address(es) of Contractor(s) performing work:

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- Attach one (1) copy of contractor's plan(s) and/or drawing(s) and/or photos for any added structures
- Attach one (1) copy of plat survey indicating location of proposed modification/improvement/project
- Additional landscaping must include name of trees and/or plants being added

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By signing and submitting this application, I acknowledge the information provided is correct and I agree to all terms within this agreement. I understand the Architectural Review will act on this request and contact me in writing regarding their decision. I agree not to begin work on this improvement prior to receiving writing. I understand if any change is made without approval, I may be required to remove the improvement from my property at my expense. I also understand all construction must comply with the Associations' Governing Documents and all City codes. I agree not to alter existing drainage patterns on my lot without approval from the Board or Committee. I understand approval is not a guarantee of structural safety or engineering soundness. I understand failure to comply with all items in the agreement will result in the withdrawal of approval.

I also understand and accept the cost of the review. That amount will be:

- \$95 for Initial Review
- \$75 For Re-Review

Signed \_\_\_\_\_

Date \_\_\_\_\_

Property address \_\_\_\_\_

**This application must be mailed or emailed to:**

Hillstead HOA  
Legacy Southwest Property Management  
8668 John Hickman Pkwy, Suite 801  
Frisco, TX 75034  
Voice: 214-705-1615  
Email: [Dale@Legacyswhoa.com](mailto:Dale@Legacyswhoa.com)

(For ACC Committee Use Only)

**ACC Decision (circle one):**

**APPROVED    DISAPPROVED    DENIED PENDING MORE INFORMATION**

**ACC Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reasons or Conditions:** \_\_\_\_\_

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

Date Received by LSW: \_\_\_\_\_

Date Received by ACC: \_\_\_\_\_