

# NEWPORT PROPERTY OWNER'S ASSOCIATION

P.O. Box 1362  
Crosby, Texas 77532  
Phone: (281) 462-4199 Fax: (281) 462-4132  
www.newportpoa.com

## Home Improvement Request

All exterior modifications to your property must be approved in advance by the Architectural Control Committee. The ACC 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 the ACC can properly understand your request. Without a complete description of your request, the form will have to be returned for more information. **A PLOT PLAN MUST BE ATTACHED.** After you have filled out this form, please return it to the address shown above, place it in the drop box on the right side of management office, or e-mail with all attachments to [dina@newportpoa.com](mailto:dina@newportpoa.com). Thank you for your cooperation and concern for your community.

OWNER NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (office/cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

BUILDER/CONTRACTOR NAME \_\_\_\_\_

### PLEASE CONSULT THE ACC GUIDELINES FOR SIZE AND MATERIAL REQUIREMENTS

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

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

LOCATION OF THE IMPROVEMENT (**ATTACH A PLOT PLAN with sketch of improvement on property**)

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

MATERIALS TO BE USED (attach sample, if appropriate)

Fence Material – type and length of picket \_\_\_\_\_

Color of Paint (paint chips required) \_\_\_\_\_

Roofing – **25-Year minimum** (type and manufacturer) (**30-Year in Seven Oaks and Sections 1, 2, 4, 7, 8, 9 and 12**)

\_\_\_\_\_

Foundation (please attach foundation plans) \_\_\_\_\_

Driveway – Concrete psi \_\_\_\_\_ - rebar \_\_\_\_\_

Other \_\_\_\_\_

### NEW HOME BUILDERS – CHOOSE A GRADING OPTION FOR YOUR LOT

**A – Back to Front**

**B – Front to Back**

**C - BOTH**

**OTHER COMMENTS**

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**PLANNED START DATE** \_\_\_\_\_

**EXPECTED COMPLETION DATE** \_\_\_\_\_

*If improvements are not completed within six (6) months, unless otherwise stated herein, a current HIR application must be submitted.*

IF A COUNTY PERMIT IS REQUIRED FOR YOUR IMPROVEMENT, IT IS YOUR RESPONSIBILITY TO OBTAIN SAME FROM HARRIS COUNTY

According to the Deed Restrictions, the Architectural Control Committee has **up to 30 or 40 days** (depending on the section) 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 do not 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. **Written approval not received in 30-40 days may not be deemed as approved.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

-----**PLEASE DO NOT WRITE BELOW LINE**-----

\_\_\_\_\_ **APPROVED with the following restrictions, if any:**

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**Signatures:**

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

\_\_\_\_\_ **DISAPPROVED for the following reasons:**

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**Signatures:**

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____