

IMC-CRIGHTON RIDGE HOA

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3500 SH 105 unit 190

Conroe, Texas 77302

PROPERTY IMPROVEMENT REQUEST THIRTY DAYS IS REQUIRED FOR ALL REQUESTS

SUBDIVISION: CRIGHTON RIDGE

OWNER NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS(if different): _____

PHONE: Home: _____ Office: _____

E-MAIL ADDRESS: _____

Association Deed Restrictions require all exterior modifications to your home or property be **approved in advance** by the Architectural Review Committee (ARC). The committee will ensure the improvement will be consistent with the aesthetics of the community and is to be conducted in a professional manner.

Please complete this form and return it to **IMC** at the address shown in the letterhead to initiate the review process. To expedite the process, and prevent requests for more information, include as much detail as available. Thank you for your cooperation and consideration for your neighborhood.

PROPOSED IMPROVEMENT: _____

WHAT WILL THE IMPROVEMENT LOOK LIKE? (Please include complete details—attach drawing, photo, sketch. Attach additional page if required to give complete details. Drawing should be on copy of the page size plat of your lot, if available.)

WHERE IS THE IMPROVEMENT TO BE LOCATED? (A sketch of the location or plan showing location on the property is needed. Make your sketch on a copy of your survey or plat, as mentioned above, if possible.)

WHAT MATERIALS ARE TO BE USED? (Samples of materials used in exterior are required)

Paint (sample required) _____

Exterior wood or other trim (type/grade/appearance) _____

Brick (color/type) _____

Slab/cement used for floor: _____

Plumbing (pipe/fixtures) _____

Electrical specifications/materials: _____

OTHER COMMENTS/DISCUSSION (as required.) _____

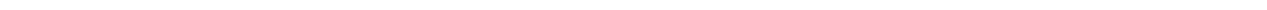


WHEN DO YOU PLAN TO START? _____ **FINISH?** _____

SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW THIS POINT---RESERVED FOR ARC

ARC COMMENTS RELATED TO REQUEST: _____



0 REQUEST APPROVED! (With restrictions listed, if any): _____

0 REQUEST NOT APPROVED! (Reasons listed below) _____

ARC Review: Signature: _____ **Date:** _____