

**ARCHITECTURAL CONTROL COMMITTEE
BASTROP RIVERSIDE GROVE HOMEOWNERS
ASSOCIATION, INC.**

P.O. BOX 1698
BASTROP, TX 78602
www.riversidegrove-bastrop.org

ARCHITECTURAL REVIEW REQUEST FORM

APPLICATION DATE: _____ TELEPHONE _____
HOMEOWNERS NAME _____
ADDRESS _____
EMAIL ADDRESS _____

I (we) hereby request approval for the following home improvement/repairs. Attached are complete plans of the proposed improvement/repair. NOTE: Plans should include adequate information to render a decision, including, but not limited to, site plan with set-back information, drawings, utility information drainage plan, as well as information regarding the type of materials to be used and exterior colors. Small samples of exterior colors should be painted inconspicuously for view by ACC.

IMPROVEMENTS/REPAIRS: (Use additional sheets if necessary)

START DATE: _____ COMPLETION DATE: _____

CONTRACTOR: (Name, address, telephone & copy of contract and permit)

****NOTE: YOU ARE RESPONSIBLE FOR ALL PERMITS AND ADHERENCE TO ALL MUNICIPALITY
CODES AND SET BACKS. DO NOT WRITE BELOW THIS LINE**

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DATE RECEIVED: _____ DATE REVIEWED: _____

ADDITIONAL INFORMATION REQUIRED: YES / NO

DATE ADDITIONAL REQUESTED: _____ APPROVED: YES / NO

ADDITIONAL COMMENTS/CONDITIONS:

APPROVED BY: _____ DATE: _____