

www.williamsburghamlethoa.com

## **Request for Approval of Home Improvement**

Street Address of Project:		Da	te:
Property Owner's Name:			one #:
Owner's Address (Street, City, State	e, Zip):		
Email: Desired Start Date:			te:
	ir deeded property must submit a	Request for Approval to the Architectu	es, it is required that ANY owner considering ral Control Committee PRIOR to any change or to return the property to original condition.
Give a brief description of all	eration or improveme	nt being requested:	
Refer to Page 2 of this fo	rm for a check list of	items necessary to submit	with this completed request.
the color, or a material sampl  Other than above, all remaining	ation, OR for replacement e. (Do not need lot plat, s changes, alterations or add with a drawing indicating	urvey, drawing, sketch or pictu litions hereby requested will red height, width and depth, if appl	e brand name and a Color Brochure stating
Approval is based upon the request informs the applicant that its review i location, use and construction standar governmental or insuring entity. The of any building set-back line. This	s performed pursuant to the rds of the community. This Committee has no author approval can in no way supensure that all improvements.	submitted to the Architectural Co ose sections of the Covenants and is is in addition to any approval that to approve any improvement persede the Covenants and Restr	ontrol Committee. The Committee hereby and Restrictions governing harmony, color, or permits required by any appropriate within an easement or which is in violation rictions of the Williamsburg Hamlet. It is the ecorded Covenants and Restrictions. All
I understand and agree that the Arc request and will contact me regarding Committee's approval.		NOT to begin property changes	D) days to investigate and process this s or alterations prior to receiving the
Property OWNER Signature:		COMPLETION	N DATE:
Mail request to: Willi	amsburg Hamlet	M.A., P.O. Box 1332,	Katy, Texas ~ 77492-1332
or: E	nail (as a 'pdf' attac	hment) to: whmaarc@g	mail.com
or: Do	eposit into the Dropl	Box in the Poolhouse	
All required info received	(YES) (NO) Date I	Received:	

WHMA Form #109 - h