



## Brentwood Place 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.

Current Date: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Project preferred start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

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

Has owner reviewed the Declaration of CC&Rs for the Association? \_\_\_\_\_

Was the City of Denton contacted about necessary permits? \_\_\_\_\_

Will modification/improvement be visible from the street in front of home? \_\_\_\_\_

Will this project require temporary removal of fence? \_\_\_\_\_

- Attach copy of contractor's plans and/or drawings for any added structures
- Attach copy of plat survey indicating where modification/improvement will occur
- Additional Landscaping must indicate name of plants or trees to be added



**Brentwood Place Homeowners Association, Inc.**  
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Acknowledgements are required from any adjacent properties that will be most affected and/or have a view of your proposed change. Should one of your neighbors have concerns about the improvement, they should contact a member of the Architectural Control Committee.

Neighbors Names, addresses and phone numbers

Signature

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

Owner's Signature submitting completed application and acknowledging information is correct.

Property Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be mailed, faxed or scanned and attached to an email to:**

Legacy Southwest Property Management, LP  
8668 John Hickman Pkwy., Ste. 801  
Frisco, TX 75034  
Office: 469-900-8675  
[Sondra@legacysouthwestpm.com](mailto:Sondra@legacysouthwestpm.com)

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

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

(For ACC Committee Use Only)

**ACC Decision (circle one):**

**APPROVED**       **DISAPPROVED**       **DENIED PENDING MORE INFORMATION**

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

Reasons or Conditions: