

Waterview at Enchanted Bay

Homeowners Association

REQUEST FOR MODIFICATION APPROVAL

This is your application for approval by the Architectural Control Committee of an improvement to your lot or home. Please read it carefully. The Architectural Control Committee will review your information and approve or deny your request. **The Architectural Control Committee has up to (30) thirty days to respond with a decision (following the receipt of this request).** Please forward completed request form and supporting documentation to:

Waterview at Enchanted Bay
1512 Crescent Drive, Suite 112
Carrollton, TX 75006
(972) 428-2030

OR E-Mail to: **acc@essexhoa.com**

NAME: _____

PRIMARY PHONE: _____

ADDRESS: _____

WORK PHONE: _____

E-MAIL: _____ (Required)

DESCRIPTION OF REQUESTED APPROVAL/BOARD NOTIFICATION:

_____ INSTALL SATELLITE DISH – **Please include map or describe proposed location.** Satellite dishes larger than eighteen to twenty-four inches (18” to 24”) in diameter shall not be allowed unless they comply in all respects with the Declaration of Covenants, Conditions and Restrictions for Waterview at Enchanted Bay.

_____ FENCE ADDITION OR REPLACEMENT

_____ OTHER

DETAIL OF WORK: _____

Please include a copy of your Lot Survey indicating the EXACT location, height, length, & width of the improvements, replacement(s), change(s), removal(s) or addition(s), to your Lot or the Exterior of your home, including existing structures, and a complete list of construction materials, plans, drawings, pictures and / or brochures, even for non-permanent projects.

CERTIFICATION AND AGREEMENTS:

Homeowner certifies that all materials submitted to the Architectural Control Committee with this application for review are true and correct. Homeowner understands and agrees that no work may be performed prior to or in deviation from the terms of a permit approved by the Architectural Control Committee. Homeowner agrees to be bound by the Architectural Control Committee Rules and Standards.

DATE OF APPLICATION: _____

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

HOMEOWNER SIGNATURE: _____

ONLY the homeowner may sign this form. Contractors, vendors, or tenants MAY NOT SIGN.

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DATE RECEIVED BY HOA MANAGEMENT: _____

DATE RECEIVED BY THE ARCHITECTURAL CONTROL COMMITTEE: _____

ARCHITECTURAL CONTROL COMMITTEE ACTION:

_____ Approved

_____ Disapproved

_____ Other

COMMENTS:

Waterview at Enchanted Bay Architectural Control Committee

By: _____

Date of Action: _____

THIS APPLICATION HAS BEEN REVIEWED FOR THE LIMITED PURPOSE OF DETERMINING THE AESTHETIC COMPATIBILITY OF DESIGN WITH THE VARIOUS PROVISIONS OF WATERVIEW AT ENCHANTED BAY. DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS. NO REVIEW HAS BEEN MADE WITH RESPECT TO FUNCTIONALITY, SAFETY, COMPLIANCE WITH GOVERNMENTAL REGULATION, OR OTHERWISE AND ANY PARTY WITH RESPECT TO ANY SUCH MATTERS SHOULD MAKE NO RELIANCE ON THIS APPROVAL. THE ABOVE SIGNED EXPRESSLY DISCLAIMS LIABILITY OF ANY KIND WITH RESPECT TO THIS REQUEST, THE REVIEW THEREOF, OR ANY STRUCTURES BUILD PURSUANT THERETO. THE ARCHITECTURAL CONTROL COMMITTEE MAKES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, OR ANY OF ITS MEMBERS AND NONE ARE TO BE INFERRED FROM APPROVING OR DISAPPROVING THIS APPLICATION.