

# Oak Creek Village HOA

## Architectural Control Application

**SERVICE@TXMGMT.COM , 832-910-7525**

[ NOTE: PLANS AND SURVEY must be submitted at least 30 days before activity begins ]

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please Print)

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

**All Applications Must Be Submitted With A Plan To Scale (2 Copies)**

### TYPE OF ARCHITECTURAL AND/OR LANDSCAPING IMPROVEMENT

|   |   |
|---|---|
| ___ Remodeling/Additions  | Materials to be Used:                       |
| ___ Outside   |   |
| ___ Walks/Stairs  |   |
| ___ Garage Doors/Exterior Doors   | ___ Wood ___ Stucco ___ Brick               |
| ___ Driveway/Parking Pads   | ___ Stone ___ Concrete                      |
| ___ Greenhouse/Sunrooms   | ___ Other _____                             |
| ___ Gazebos/Sheds/Play Equipment  | (Describe)                                  |
| ___ Swimming Pool/Solar Panels  | Is material same color and type as on home? |
| ___ Decks/Patios  | ___ Yes ___ No                              |
| ___ Arbors/Overhangs  |   |
| ___ NEW CONSTRUCTION  | Additional Comments: _____                  |
| ___ Fences/Fence Additions & Retaining Walls  | _____                                       |
|   | Contractor: _____                           |
| ___ Landscaping Front and/or back yd  | Phone: _____                                |
| ___ Satellite Dishes and/or Antennae  | Email: _____                                |
| ___ Roofing Replacement   |   |
| ___ Other   |   |
| ___ PAINTING: Paint house new color ___ Paint trim new color ___ Painting fence ___ |   |
| <i>Attach new paint color samples for stucco, trim, fascia and/or fence.</i>        |   |
| <b>HOMEOWNER SIGNATURE:</b> _____   | <b>DATE:</b> _____                          |

To expedite the processing of your application, please show and explain your plans. The Architectural/Landscaping Committee may also contact you directly. [ IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE REAR OF THIS FORM ] *For Association Use Only:*

\_\_\_ Approved \_\_\_ Not Approved \_\_\_ Conditionally Approved

Comments: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN FORM TO:

**ARCHITECTURAL/LANDSCAPING REVIEW COMMITTEE  
c/o TXMGMT LLC MANAGEMENT**

**service@txmgmt.com**

**P.O. Box 9184**

**The Woodlands, TX**

**77387 (832) 910-7525**