

**NORTHPOINTE CROSSING HOMEOWNERS ASSOCIATION, INC.**

**ARCHITECTURAL CONTROL COMMITTEE**

**REQUEST FOR PROPERTY MODIFICATION**

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Please send the ACC Application to Associa-PMG North Texas, 801 E Campbell Road, Suite 620 Richardson, TX 75081. You can also email to [NTXcustomercare@associa.us](mailto:NTXcustomercare@associa.us)

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

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

Anna, TX 75409

Phone: \_\_\_\_\_, best time to call \_\_\_\_\_

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

**We strongly suggest Homeowners provide an email address so that the response time is minimal.**

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

Applicable deed restrictions read? YES / NO

Will this project require fence removal? YES / NO

Will the working project be visible from the street? YES / NO

Building permit to be applied for (If applicable)? YES / NO / NOT APPLICABLE

What is the nature of your project? \_\_\_\_\_

Specify square footage, length, width, height above ground: \_\_\_\_\_

Will project be visible from the street? YES / NO

Read guidelines on reverse side or second page. Use this page to provide more details.

**\* Deed restrictions specify that approval must be obtained prior to construction.**

**Note: To avoid delay, make request as complete as possible or it will be returned for more information or denied as appropriate.**

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature constitutes permission for ACC members to inspect property and agreement to abide by ACC's decision.)

*Include a plan view and/or elevation drawing to scale, a paint chip and any other supporting documents that explicitly specify project location or color. Include multiple perspectives if helpful. Specify distance from fences and easements.*

Specify any that apply: *Roof materials and color, siding, stain or paint colors (include brand name, color number and color chips), brick type, drainage plan, plant sizes and types, electrical or plumbing, wood type and impact on neighbors.*

*Please be aware that the Committee has 30 days to reply to the Application. Please do not begin work until approval is received, as this may cause a fine to be levied.*

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(For ACC Committee Use Only)

ACC Decision: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DISAPPROVED FOR MORE INFORMATION \_\_\_\_\_

ACC Chairperson or Representative: \_\_\_\_\_

Rationale: \_\_\_\_\_