

**\*\*\* There is a \$25 fee for all ACC applications. Checks are payable to ATECA \*\*\***  
**Applications are not considered complete and will not be reviewed until the fee is received.**

**ALBURY TRAILS ESTATES COMMUNITY ASSOCIATION  
APPLICATION FOR IMPROVEMENT**

Property Owner(s): \_\_\_\_\_

Date of Application: \_\_\_\_\_

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

Legal Description:

Sec: \_\_\_\_\_ Block \_\_\_\_\_ Lot: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date improvement/change (estimated) to begin: \_\_\_\_\_ Date to completely finish: \_\_\_\_\_  
\_\_\_\_\_

**TYPE OF IMPROVEMENT / CHANGE**  
(Check all that apply)

\_\_\_\_\_ Alteration/Addition  
\_\_\_\_\_ Antenna  
\_\_\_\_\_ Deck  
\_\_\_\_\_ Driveway  
\_\_\_\_\_ Fence  
\_\_\_\_\_ Fountain/Statuary  
\_\_\_\_\_ Gazebo

\_\_\_\_\_ Outdoor Lighting  
\_\_\_\_\_ Painting  
\_\_\_\_\_ Patio  
\_\_\_\_\_ Patio Cover  
\_\_\_\_\_ Playset/Swingset  
\_\_\_\_\_ Pool/Spa  
\_\_\_\_\_ Pond

\_\_\_\_\_ Repair (Non-emergency)  
\_\_\_\_\_ Roof  
\_\_\_\_\_ Satellite Dish  
\_\_\_\_\_ Shutters  
\_\_\_\_\_ Siding  
\_\_\_\_\_ Storm Door  
\_\_\_\_\_ Tree Cutting (live)

\_\_\_\_\_ Basketball Goal

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed description of proposed improvements/change:

Reasons for variance request, if any:

\_\_\_\_\_ Check here if all work to be done by Owner. If not, complete the following:

**Contractor Information:**

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

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*\* Each application shall be accompanied by the following:**

- Plot plan showing location of all structures in relation to property boundaries, setback lines and utility easements.
- Samples of exterior paint color, brick, roofing as applicable
- Brochure if available showing structure, colors, etc.
- Other documentation as needed may be requested by the ARC.

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Property Owner(s) are fully responsible for coordination with any and all utility companies. The Association Board and the Architectural Review Committee are not associated with any utility companies and do not coordinate or participate in any communications between the Property Owner(s) and the utility companies. Property Owner(s) have full responsibility for compliance with state and county codes and regulations and city permit requirements as may pertain to the improvements proposed in this application.

*By signing below, I understand that the Board and the Architectural Review Modifications Sub-Committee will act on this request within sixty (60) days and contact me regarding their decision. I agree to not begin property improvements/change(s) until the Board and the Architectural Review Modifications Sub-Committee notifies me of their decision. **The Committee meets on the 4<sup>th</sup> Wednesday of each month. To ensure review of your application, you must have it submitted to PMG 4-5 business days prior to the Committee meeting.***

Property Owner(s): \_\_\_\_\_

Signature of Property Owner(s): \_\_\_\_\_

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

THIS APPLICATION AND THE PLANS/SPECIFICATIONS SUBMITTED HAVE BEEN:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied (see attached)  
\_\_\_\_\_ Conditionally approved based on: \_\_\_\_\_

*Signature required by at least 3 Committee Members*

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

Date Received: \_\_\_\_\_

Date Approved or Denied: \_\_\_\_\_

**Deliver or mail 2 copies of this form and required attachments to:**

Associa PMG of Houston  
11000 Corporate Centre Dr., Suite 150  
Houston, TX 77041

Or

Emailable Applications can be sent to:

[arc@pmghouston.com](mailto:arc@pmghouston.com)