



**VILLAGE OF OAK PARK ARCHITECTURAL CONTROL COMMITTEE
REQUEST FOR PROPERTY MODIFICATION**

Name: _____

Address: _____

Phone: _____, best time to call _____

Email Address: _____

Project start date: _____ Estimated project completion date _____

Applicable deed restrictions read YES ☐ NO ☐

Will this project require fence removal? YES ☐ NO ☐

Building permit applied for if necessary? 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: _____

Neighbor's Signature

Neighbor's Signature

Neighbor's Signature

Printed name

Printed name

Printed name

Address

Address

Address

This request can be sent to:

SBB Management Company

Lora Compton, Senior Community Manager

1670 Keller Parkway Suite 170

Keller, Texas 76248

l.compton@sbbmanagement.com

Phone: (817) 482-1547 ext. 407

Fax: (817) 431-6412

If appropriate: Include a plan view or plat drawing to scale, and any other supporting documents that explicitly specify project location. Include multiple perspectives if helpful. Specify distance from fences and easements.

Be as specific as possible.

Specify any that apply: Construction Materials: 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. **CONTRACTOR MUST SUBMIT COPY OF BUILDING PERMIT AND LICENSE NUMBER.**

Date Submitted: _____

Date Received SBB: _____

Date Received by ACC: _____

(For ACC Committee Use Only)

ACC Decision:

APPROVED or DISAPPROVED or DISAPPROVED FOR MORE INFORMATION

ACC Chairperson or Representative: _____

Rationale:

(Rev.12/2014)

