

Lost River Preserve
ARCHITECTURAL CONTROL COMMITTEE
APPLICATION FORM

1. Applicant's name and address and telephone number:

Email Address: _____

2. Owner's name and address and telephone number:

Email Address: _____

3. Location of Proposed Changes:

a. Lot: _____

b. Block: _____

4. Existing Feature(s) of Residence (general description, please also include Site Plan showing structures, landscaping, proposed changes):

5. Description of contemplated improvements/changes (general description, please also include Site Plan showing nature, kind shape, height, materials and location of structures, landscaping, proposed changes or paint chips) The description can be provided on a separate sheet of paper:

6. Preferred start date: _____ Anticipated Completion Date: _____

7. Who is doing the work? Please list contractor name and phone number and license number:

8. Will permits be required? Yes _____ No _____ If permits are required, the ACC reserves the right to review permits.

**Please submit the package with attachments to:
Lost River Preserve Homeowners Association, Inc.
c/o Catalyst Property Solutions
28725 Robinson Rd. Conroe TX 77385
ABingaman@Catalyst-PS.Com
352-414-5683**

APPLICANT SIGNATURE: _____ DATE: _____

An approval for modification is void if not started and finished within thirty (30) days of approval. If the modification as constructed materially deviates from submitted plans, then the approval shall be void.

**PLEASE SUBMIT THIS FORM ALONG WITH A COPY OF YOUR PLANS TO THE
MANAGEMENT COMPANY AT THE ADDRESS ABOVE.**