



**Shadowbend HOA, Inc.**  
**ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW**

Note: To avoid delay, make request as complete as possible or it will be returned for more information or denied as appropriate. Deed restrictions specify that approval must be obtained prior to construction.

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

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

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

Mailing address (if different): \_\_\_\_\_

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

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

Describe Modification/Improvement Project, including dimensions, location and materials involved:

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

Name, address , phone number(s) of Contractor(s) performing work:

Has owner reviewed the Declaration of CC&Rs for the Association? \_\_\_\_\_

Was the City of Anna contacted about necessary permits? \_\_\_\_\_

Will modification/improvement be visible from a neighboring property? \_\_\_\_\_

Will this project require temporary removal of fence? \_\_\_\_\_

- Attach copy of contractor's plans and/or drawings for any added structures.
- Attach copy of plat survey indicating where modification/improvement will occur.
- Additional Landscaping must indicate name of plants or trees to be added.

# SHADOWBEND

HOMEOWNERS ASSOCIATION

## Shadowbend HOA, Inc. ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW

By signing and submitting this application I acknowledge that the information provided is correct and I agree to all terms within this agreement. I understand that the Architectural Control Committee (ACC) will act on this request and contact me in writing regarding their decision. I understand that the ACC has up to 60 days to review the application. I agree not to begin work on this improvement prior to receiving written approval from the Architectural Control Committee. I understand if any change is made without approval, I may be required to remove the improvement from my property at my expense. I also understand that all construction must comply with the Associations Governing Documents and all City codes. The ACC does not override any City code and the approval from the ACC is not an approval from the City. Prior to any commencement of work, I agree to obtain the necessary permits from the City. I agree not to alter existing drainage patterns on my lot without approval from the Board or Committee. I understand that approval is not a guarantee of structural safety or engineering soundness. I understand that failure to comply with all items in the agreement will result in the withdrawal of approval.

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

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

### This application must be mailed or emailed to:

Legacy Southwest Property Management, LP  
8668 John Hickman Pkwy., Ste. 801  
Frisco, TX 75034  
Office: 469-900-8675  
[propertymanagement@shadowbendtxhoa.com](mailto:propertymanagement@shadowbendtxhoa.com)

Date Received by LSW: \_\_\_\_\_

Date Received by ACC: \_\_\_\_\_

(For ACC Committee Use Only)

### ACC Decision (circle one):

APPROVED       DISAPPROVED       DENIED PENDING MORE INFORMATION

ACC Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reasons or Conditions: