## TANGLEWOOD SHORES ARCHITECTURAL CONTROL COMMITTEE PO Box 103 Fischer, TX 78623 board@tanglewoodshorestx.org

## ACC IMPROVEMENT REQUEST FORM

This form must be completed and submitted prior to beginning any plans to your lot.

Owner(s) Name:	
Date:	Lot #
Home phone:	Work phone:
Address:	Email:
Total square footage of home:	
· · · ·	nature, kind, shape, height, materials, and location of must be attached to this application. Submit one
What type of septic system?	
Engineer/Contractor's phone number?	
I agree not to begin work on this improvement without written approval from the ACC. I under- stand if any change is made without approval, I may be required to remove the improvement from my property. I understand all improvements must comply with the Association Governing Documents. I understand there is a time limit of 6 months, and any time past that will require an extension. I understand by signing below that I agree to all terms of the agreement and the restrictions.	
Homeowner	
signature	
For Office use only Date received:	Date reviewed:
Approved: Yes No Date approved:	Date denied:
Comments:	