

The Villas at Woodson Bend
Architectural Control Deed Restriction (ACDR)

_____ Repair
_____ New

Must be filed by the 1st day of the Month

Property Owner: _____ Date: _____ Phone: _____

Property Address: _____ Email: _____

Nature of Improvement: Please provide specific details, including photos, diagrams, statement of color(s) and other descriptions of the project including construction materials. Failure to provide specifics may result in deferral of application review.

Supplier: _____ Contractor: _____

The plans and specifications showing the nature, kind, shape, height, materials, and location are attached to this application. If approved, I agree to build in accordance with this application and the attached plans and specifications and I agree to maintain any improvements at my expense. All modifications/alterations will be completed within 12 months of approval. If they are not completed within 12 months, I will submit a new application/revised review form. Committee/Board review of this application will be presented to the Villas at Woodson Bend Board of Directors for its approval and/or recommendations.

Signed: _____
Property Owner

Committee/Board Use Only:

Dated Received: _____

Inspected By: _____ Date Inspected: _____

Approved: _____ Disapproved: _____ Date: _____

Remarks: _____