

FCCA PROPERTY IMPROVEMENT APPLICATION
REQUEST FOR HOME IMPROVEMENT

SUBDIVISION

Note: See Neighborhood Supplements and/or Developmental Guidelines for your Subdivision

PRINT OWNER NAME

OWNER BEST PHONE NUMBER

PROPERTY ADDRESS

OWNER E-MAIL

CITY

ZIP CODE

TYPE OF IMPROVEMENT / CHANGE

- | | | |
|---|---|--|
| <input type="checkbox"/> BASKETBALL GOAL *** | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> ROOF ** |
| <input type="checkbox"/> DECK *** | <input type="checkbox"/> OUTDOOR LIGHTING *** | <input type="checkbox"/> ROOM ADDITION / RENNOVATION *** |
| <input type="checkbox"/> DRIVEWAY/EXTENSION ***/**** | <input type="checkbox"/> PAINT * | <input type="checkbox"/> SIDING * |
| <input type="checkbox"/> DOORS | <input type="checkbox"/> PATIO COVER *** | <input type="checkbox"/> SOLAR SCREENS/PANELS |
| <input type="checkbox"/> FENCE / GATE *** | <input type="checkbox"/> PLAY STRUCTURE *** | <input type="checkbox"/> TREE REMOVAL *** |
| <input type="checkbox"/> GAZEBO / ARBOR / PERGOLA *** | <input type="checkbox"/> POOL / SPA *** | <input type="checkbox"/> WALKWAYS /PATHWAYS *** |
| <input type="checkbox"/> SATELLITE DISH/ANTENNAS *** | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> WINDOWS |

SPECIFICATIONS OF THE IMPROVEMENT

HEIGHT _____ (FROM GROUND TO HIGHEST POINT) LENGTH _____ WIDTH _____

MATERIALS: _____ COLORS TO BE USED _____

*Write Paint Manufacturer Name on Materials Line: Paint Name/Paint Number on the Color to be Used Line, as well as the area where the paint is to be applied (Base, Trim, Shutters or Front Door). *If Custom Paint Color -Attach Paint color or Card Sample.*
 ** Write Roof Manufacturer Name/Manufacturer Warranty (Minimum 30 years) on the Materials Line and write Shingle Color Name on the Colors to be Used Line. *** Attach one clean copy of the original survey & a 2nd copy of the original survey showing the proposed location of the property improvement. *If this is a submittal requirement -write on the survey site plan the distance measurements from the side and rear property lines from the location of the proposed property improvement. ****Copy of City of Sugar Land Permit for replacement of 2 or more cracked pads, all driveway, or ramp replacement.*

I understand and agree not to begin the proposed improvement until approval has been given. If construction has already begun, I will cease construction until approval has been granted.

OWNER SIGNATURE (Must be legal owners signature) PRINT OWNER SIGNATURE DATE

FCCA USE ONLY – DO NOT WRITE BELOW THIS LINE

Subdivision _____ Unit # _____ Request Date _____ Request # _____

Application approved: _____ Conditions: _____

Application denied: _____

Application incomplete:

Approval of an Application is valid for 90 days. Work must commence within the 90 day timeframe or the approval becomes invalid. The approved application work must be completed within 120 days from the commencement of receipt of the approval notice.

**COMPLETE APPLICATION & MAIL OR FAX TO: FIRST COLONY COMMUNITY ASSOCIATION
4350 AUSTIN PARKWAY, SUGAR LAND, TX 77479 PHONE: 281-634-9591 or FAX: 281-634-9515**