

**Auburndale Homeowners Association, 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.*

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

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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Has owner reviewed the Declarations of CC&Rs for the Association? YES | NO

Was the City of Melissa contacted about necessary permits? YES | NO

Will modification/improvement be visible from the street in front of home? YES | NO

Will this project require temporary removal of fence? YES | NO

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

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

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

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Acknowledgements are required from any adjacent properties that will be most affected and/or have a view of your proposed change. Should one of your neighbors have concerns about the improvement, they should contact a member of the Architectural Control Committee.

Neighbors Names, Addresses and Phone Numbers

Signature

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Owner's Signature submitting completed application and acknowledging information is correct.

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

\_\_\_\_\_

Property address

This application must be mailed, faxed or scanned and attached to an email to:

Legacy Southwest Property Managing, LLC

Attn: Selina Emminger

8668 John Hickman Pkwy. #801

Frisco, TX 75034

Voice: 214-705-1615

Email: [Selina@Legacysouthwestpm.com](mailto:Selina@Legacysouthwestpm.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:

\_\_\_\_\_

\_\_\_\_\_