

DEERFIELD VILLAGE COMMUNITY ASSOCIATION

4045 Deerfield Village Drive \* Houston, TX 77084

Office: (281) 463-2624 \* Fax: (281) 463-7679

[deerfield4@sbcglobal.net](mailto:deerfield4@sbcglobal.net)

APPLICATION FOR ARCHITECTURAL APPROVAL

The Deed Restrictions/Architectural Control Committee meets at 7:00 PM on the first Monday of each Month (subject to change) in the Clubhouse of the Recreation Center. Your application may be considered during the meeting. Your presence is not required; but may be beneficial to expediting your request, by helping to ensure that any questions that the Deeds Committee may have can be answered *while your request is under review*. Please check with the DVCA office, or refer to the most current Deerfield newsletter, to confirm the time and date of the committee's next meeting.

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_ Alt Phone: (\_\_\_\_)\_\_\_\_\_

2. Address: \_\_\_\_\_ Email: \_\_\_\_\_

3. Date Submitted: \_\_\_/\_\_\_/\_\_\_\_\_ Project Start Date: \_\_\_/\_\_\_/\_\_\_\_\_ Completion Date: \_\_\_/\_\_\_/\_\_\_\_\_

4. Please place check mark beside, or initial any/all applicable request(s) listed below:

\_\_\_\_\_ Build backyard storage shed

\_\_\_\_\_ Drawing, with all dimensions (L x W x H) attached? (required)

\_\_\_\_\_ Plat of property showing shed location? (required)

\_\_\_\_\_ Build in-ground pool

\_\_\_\_\_ Plat of property with proposed pool location attached? (required)

\_\_\_\_\_ Drawing, or pictorial depiction of proposed pool attached? (required)

\_\_\_\_\_ EXTERIOR PAINTING, i.e., painting of Doors/Eves/Siding/Shutters/Trim ← (please **circle appropriate description**)

\_\_\_\_\_ I will be painting the same color (paint sample required)

\_\_\_\_\_ I will be changing color (paint sample required)

\_\_\_\_\_ Repair/Replace fence

Material: \_\_\_\_\_ Height, including rot board, if used: \_\_\_\_\_

\_\_\_\_\_ Repair/Replace roof (ONLY composition-type shingles are allowed)

Color: \_\_\_\_\_ Shingle Manufacturer/Brand: \_\_\_\_\_ # of Years on Warranty: \_\_\_\_\_

\_\_\_\_\_ Replace siding

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Color: \_\_\_\_\_

NOTE: COLOR SAMPLE REQUIRED (see "EXTERIOR PAINTING", above)

\_\_\_\_\_ Other – please describe in detail, attaching additional pages: \_\_\_\_\_

5. Name and contact number for the company or contractor that will be performing your work:

6. **No contractor signs are allowed on your property at any time, per DVCA Protective Covenants**

Initials: \_\_\_\_\_

**If requesting approval for an addition to your home/garage, etc., a plat of your property and architectural drawings are required before any decision is rendered on such requests.**

---

FOR OFFICE USE ONLY

APPROVED

Approved by: \_\_\_\_\_

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

DENIED

Reason for denial: \_\_\_\_\_

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