

The Oaks Residential Community, 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, City, State, Zip | | |
| Mailing address (if different) | | |
| Phone | Email Address | |
| Describe Modification/Improvement | Project, including dimensions, location | on and materials involved |
| | | |
| | | |
| Has owner reviewed the Declarations of CC&Rs for the Association? | | YES I NO |
| Was the Cityof Waxahachie, contacted about necessary permits? | | YES I NO |
| Will modification/improvement be visible from the street in front of home? | | YES I NO |
| Will this project require temporary removal of fence? | | YES I NO |
| Preferred Project start date: | Estimated complet | ion date |
| Name, address, phone number(s) of C | Contractor(s) performing work: | |
| | | |

- Attach copy of contractor's plans and/or drawings for any addedstructures
- Attach copy of plat survey indicating where modification/improvement willoccur
- Additional landscaping must indicate name of plants or trees to be added

The Oaks Residential Community, Inc.

ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW

By signing and submitting this application I acknowledge that the information provided is correct and I agree to all terms within this agreement. I understand that the Architectural Control Committee (ACC) will act on this request and contact me in writing regarding their decision. I agree not to begin work on this improvement prior to receiving written approval from the Architectural Control Committee. I understand if any change is make without approval, I may be required to remove the improvement from my property at my expense. I also understand that all construction must comply with the Associations Governing Documents and all City codes. The ACC does not override any City code and the approval from the ACC is not an approval from the City. Prior to any commencement of work I agree to obtain the necessary permits from the City. I agree not to alter existing drainage patterns on my lot without approval from the Board or Committee. I understand that approval is not a guarantee of structural safety or engineering soundness. I understand that failure to comply with all items in the agreement will result in the withdrawal of approval.

| Signed | Date |
|--|-------------------------------------|
| Property address | |
| This application must be mailed or en | mailed to: |
| Legacy Southwest Property Management, LP | Date Received by LSW: |
| Attn: Bawana Strickland 8668 John Hickman Parkway #801 Frisco, TX 75034 Phone: 214-705-1615 Bawana@Legacysouthwestpm.com | Date Received by ACC: |
| ACC Decision (check one): | (For ACC Committee Use Only) |
| | D DENIED PENDING MORE INFORMATION |
| ACC Authorized Signature: | Date |
| | |

Reasons or Conditions

