

Sky Lakes Homeowners Association, Inc.

APPLICATION FOR ARCHITECTURAL MODIFICATION

Please return completed application to: ARCHITECTURAL REVIEW COMMITTEE Sky Lakes Homeowners Association, Inc. C/o RealManage, P.O. Box 803555, Dallas, TX 75380 Telephone: 866-473-2573
SKYLAKES@CIRAMAIL.COM
Forms can also be submitted online via the resident portal at realmanage.com. Login and select 'Contact Us' to submit.

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee for approval **BEFORE** any work commences. Please be advised, reviews may take up to 30 days for processing from the date a complete application is received in our office. Please refer to the Governing Documents and Design Guidelines for additional information.

| Name of Owner (s): | | | Email Address: | |
|--|---|--|--|---|
| Street Address: | | | | |
| Date: | Lot # Phase # | | Phone number: | |
| Approval is hereby requested for pages: (Check applicable box and | = | ation(s), addition | n(s) and/or alterations | as described below and on attached |
| Landscaping Doors New | Wall/Fence | | atio/Pavers | Pool/Spa Exterior Paint Solar Collectors (Fans/Tubes) |
| Generator/Gas Tank IS THIS A RESUBMITTAL Additional Information: | _Yes/No | | . – | Satellite Dish |
| lines. Plot plan/survey shaproperty appraisers office Specs: Attach copies of petc. You are responsible for company to the petc. | ould be included in yoe. Jans from any contract Staining any necessar Iction is only allowed t | ur closing docum tor or vendor pro y permits from th hrough your pro k with your neigl | nents. If not a copy car eviding service. Including the appropriate Building the perty, and you are responders before commend | relative to the home and the property be obtained from the county ong color samples, photos, dimensions g and Zoning Department(s). Consible for any damages. If access is cing any work. |
| Owner's Signature | | | Completion Date: Please contact HOA upon completion for final inspection | |
| Approved | Denied | | | |
| Date of Approval/Denial: | | | gned: | |
| | | | | Community Manager |

Your Approval is subject to the following attached Addendum(s)