

# 227 - Rolling Creek Homeowners Association, Inc.

210-829-7202 Office \* 210-829-5207 Fax \* 866-232-4386 Toll Free

AMS Website - [www.ams-sa.com](http://www.ams-sa.com) - E-Mail [acc@ams-sa.com](mailto:acc@ams-sa.com)

In accordance with the recorded covenants, conditions and restrictions of the Association, and in order to protect each individual lot owner's rights and values, it is required that any lot owner considering improvement of their deeded property including, but not limited to, patio covers, decks, outside buildings, fencing, building add-ons, etc., submit the following information to the Committee **prior to initiating work on the planned improvements:**

## **\*\*\*One Form Per Request\*\*\***

1. **\$25 Processing Fee – Make check payable to AMS**
2. **Improvement Request Form Completed and Signed by Homeowner ( no renters or builders)**
3. **Material list, detailed building plans, detailed drawings, size of improvement, color swatches and photos.**
4. **A copy of the official site plan (no hand-drawn or computerized replicas) of your property showing the exact location of the improvement. Please check your closing papers for the land survey (site plan) showing the Lot with easements, setbacks and a footprint of the home.**

**FAILURE TO SUBMIT THE REQUESTED ATTACHMENTS (ITEMS 1, 2, 3 & 4) PRIOR TO CONSTRUCTION MAY RESULT IN DENIAL OF YOUR REQUEST FOR IMPROVEMENT.** *The Committee has the right to request that an owner remove any improvement installed without prior written approval. Any homeowner considering any exterior improvement to their property is urged to review the recorded deed restrictions prior to their initial request.*

Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Metro Number (Y/N) \_\_\_\_\_ Metro Number (Y/N) \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Who will do the actual work on this improvement? \_\_\_\_\_

Briefly describe the improvement you propose: \_\_\_\_\_

### **Location of improvement** (check actual areas that apply):

- Front of dwelling                       Back of dwelling                       Side of dwelling

### **Materials to be used for the improvement** (check and specify applicable items):

- |   |   |
|---|---|
| <input type="checkbox"/> Brick – Color _____          | <input type="checkbox"/> Cement – Top Finish _____    |
| <input type="checkbox"/> Wood – Type _____            | <input type="checkbox"/> Stucco – Color _____         |
| <input type="checkbox"/> Iron - Fence Color _____     | <input type="checkbox"/> Flagstone – Color _____      |
| <input type="checkbox"/> Paint – Color (sample) _____ | <input type="checkbox"/> Stain – Color (sample) _____ |
| <input type="checkbox"/> Hardi-Plank – Color _____    | <input type="checkbox"/> Rock/Stone – Color _____     |
| <input type="checkbox"/> Siding (type/color) _____    |   |
| <input type="checkbox"/> Other (explain) _____        |   |

All color samples must be submitted and a list of all building materials/or pictures.

### **Type of Improvement** (check or circle which improvement applies to your request): **Please remember one request per form**

- |  |   |
|--|---|
| <input type="checkbox"/> Permanent Basketball Goal   | <input type="checkbox"/> Pool – Above-Ground  |
| <input type="checkbox"/> Temporary Basketball Goal ( <b>Indicate stored location</b> )             | <input type="checkbox"/> Pool – In-Ground ( <b>Location indicated on official site plan</b> ) |
| <input type="checkbox"/> Stain Fence ( <b>Sample Required</b> )                                    | <input type="checkbox"/> Spa/Hot Tub  |
| <input type="checkbox"/> Fencing/ Extend Fence ( <b>Distance from front corner of Home</b> )       | <input type="checkbox"/> Gutters  |
| <input type="checkbox"/> Paint Exterior ( <b>Sample Required</b> )                                 | <input type="checkbox"/> Room Addition ( <b>Elevation Drawings</b> )                          |
| <input type="checkbox"/> Porch Railing   | <input type="checkbox"/> Storage Building ( <b>Height, Width and Length and Colors</b> )      |
| <input type="checkbox"/> Play Structure ( <b>Height, Width and Length and Color of Tarp</b> )      | <input type="checkbox"/> Landscaping  |
| <input type="checkbox"/> Front Yard Statuary/Bird Bath/Water Fountain                              | <input type="checkbox"/> Replace Door   |
| <input type="checkbox"/> Permanent Gazebo  | <input type="checkbox"/> Screen/Storm Door  |
| <input type="checkbox"/> Temporary Gazebo  | <input type="checkbox"/> Walkway/ Sidewalk  |
| <input type="checkbox"/> Wall Art/Outside Decor  | <input type="checkbox"/> Stain/Paint Driveway ( <b>Sample Required</b> )                      |
| <input type="checkbox"/> Exterior/Landscape Lighting   | <input type="checkbox"/> Extend Driveway  |
| <input type="checkbox"/> Sprinkler System ( <b>Show location of lines and heads on site plan</b> ) | <input type="checkbox"/> Solar Screens/Window Treatments                                      |
| <input type="checkbox"/> Deck  | <input type="checkbox"/> Patio/Patio Cover/Extend Patio– <b>Rear of Home ONLY</b>             |
| <input type="checkbox"/> Replace Roof ( <b>Sample/Warranty Year Required</b> )                     | <input type="checkbox"/> Arbor/Trellis  |
| <input type="checkbox"/> Other: _____  |   |

**CARPORTS – NOT ALLOWED**

**Improvement Request Form – Page 2**

I understand that the Committee will act on this request within (30) thirty days of receipt and contact me in writing regarding their decision. I agree not to begin construction/installation without written approval from the Committee. I understand that all construction shall meet City/County code, and that Committee approval does not override City/County codes, but rather, is intended to work in conjunction with them.

\_\_\_\_\_/\_\_\_\_\_  
Homeowners Signature                      Date                      Estimated Start Date                      Estimated Completion Date

**RETURN COMPLETED FORM TO:  
Architectural Department  
1600 N.E. Loop 410, Suite #202  
San Antonio, Texas 78209**

=====

<b>OFFICE USE ONLY</b>
Date: _____
Received By: _____
Forwarded To Committee: _____

**COMMITTEE USE ONLY:**

Committee comments/suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Committee Member	_____ Date	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
_____ Committee Member	_____ Date	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
_____ Committee Member	_____ Date	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
_____ Committee Member	_____ Date	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
_____ Committee Member	_____ Date	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>

**Association Management Services  
Architectural Department**

1600 N E Loop 410, Suite 202

San Antonio, Texas 78209

210-829-7202 Office \* 210-829-5207 Fax

AMS Website - [www.ams-sa.com](http://www.ams-sa.com) – E-Mail [acc@ams-sa.com](mailto:acc@ams-sa.com)

Check List For Submittals

- Yes  N/A \$25 Processing Fee – Make check payable to AMS
- Yes  N/A Improvement Request Form – Signed by **Homeowner** (no renters or builders)
- Yes  N/A Photo/Drawings/Brochures
- Yes  N/A Paint/Stain Samples and Name of Color
- Yes  N/A Dimensions and Elevations
- Yes  N/A Material List i.e. type of wood, siding, rock/flagstone, décor, iron, etc.
- Yes  N/A The Committee requires photos of all completed projects.
- Yes  N/A Official Site Plan (survey) issued in closing papers. No Computerized replicas will be accepted.
- Yes  N/A MUST show exact location of improvement on site plan (survey).

**Release Form for Contractors**

(If you would like your contractor to be able to access information regarding your request please fill out the release form below.)

**Note:** AMS will not release any information to your contractor with out this form filled out and signed by **Homeowner**

I \_\_\_\_\_ give Association Management Services permission to release information about my submitted request to my contractor \_\_\_\_\_.  
The request is for a \_\_\_\_\_ at the following property address \_\_\_\_\_.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date