



<b>OFFICE USE ONLY</b>			
Date Rec'd: _____	Staff Initials: _____		
Violation: Y or N	EXISTING: Y or N		
ACC Date: _____	BOND: Y or N		

**ARCHITECTURAL CONTROL COMMITTEE**  
**CANYON LAKE PROPERTY OWNER'S ASSOCIATION**  
**REPAIR-REPLACEMENT-MAINTENANCE APPLICATION**

TRACT \_\_\_\_\_ LOT \_\_\_\_\_ PHONE: \_\_\_\_\_

**OWNER**

**CONTRACTOR**

NAME:		
SITE ADDRESS:		
MAILING ADDRESS:		
EMAIL:		

Please describe and numerically indicate improvement(s) below along with corresponding plot plan

**Identify the type of improvement(s):**

Repair                       Replacement                       Existing

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

I have read and understand the Architectural Control Committee procedures and requirements and the restrictive covenants for Canyon Lake, and will comply with all provisions set forth therein.

I hereby grant permission to the Committee or its agents to make periodic inspections during reasonable hours to insure that construction is in accordance with approval plans.

Approval of these plans shall not be construed to be a permit for, or approval of any violation of any of the provisions of the rules and regulations and governing documents of the Canyon Lake Property Owner's Association.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date



**ARCHITECTURAL CONTROL COMMITTEE  
CANYON LAKE PROPERTY OWNERS ASSOCIATION  
REPAIR/REPLACEMENT/MAINTENANCE APPLICATION**

TRACT \_\_\_\_\_ LOT \_\_\_\_\_

This is a conditional approval. **IMPROVEMENTS MUST BE COMPLETED NO LATER THAN 180 DAYS FROM DATE OF PERMIT ISSUANCE.** However, if construction has not started within 30 days from date of approval, the permit will expire and a new application with fee must be submitted for consideration by the Committee.

Approved by Architectural Committee:

Condition of Approval:

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

\_\_\_\_\_  
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Rejected by Architectural Committee:

Condition of Rejection:

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

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