

**INDIAN PAINT BRUSH
HOMEOWNERS ASSOCIATION**

P.O. BOX 200145
AUSTIN, TX. 78720
PHONE (512) 918-8100 FAX (512) 918-8121

ARCHITECTURAL REVIEW REQUEST FORM

APPLICATION DATE: _____ TELEPHONE: _____

HOMEOWNERS NAME _____

ADDRESS _____

EMAIL ADDRESS _____

I (we) hereby request approval for the following home improvement. Attached are complete plans of the proposed improvement. NOTE: Plans should include adequate information to render a decision, including, but not limited to, site plan with set-back information, drawings, utility information drainage plan, as well as information regarding the type of materials to be used and exterior colors.

IMPROVEMENTS:

START DATE: _____ COMPLETION DATE: _____

CONTRACTOR: (Name, address, telephone & copy of contract and permit)

****NOTE: YOU ARE RESPONSIBLE FOR ALL PERMITS AND ADHERENCE TO ALL
MUNICIPALITY CODES AND SET BACKS.**

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ DATE REVIEWED: _____

ADDITIONAL INFORMATION REQUIRED: YES / NO

DATE ADDITIONAL REQUESTED: _____ APPROVED: YES / NO

ADDITIONAL COMMENTS/CONDITIONS:

APPROVED BY: _____ DATE: _____