

**Southaven Homeowners Association, 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: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe Modification/Improvement Project, including dimensions, location and materials involved

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Has owner reviewed the Declarations of CC&Rs for the Association?	YES	NO
Was the City of Hutchins contacted about necessary permits?	YES	NO
Will modification/improvement be visible from the street in front of home?	YES	NO
Will this project require temporary removal of fence?	YES	NO

Preferred Project start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Name, address, phone number(s) of Contractor(s) performing work:

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

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Acknowledgements are required from any adjacent properties that will be most affected and/or have a view of your proposed change. Should one of your neighbors have concerns about the improvement, they should contact a member of the Architectural Control Committee.

Neighbors Names, addresses and phone numbers

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Signature submitting completed application and acknowledging information is correct.

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Homeowners Signature

\_\_\_\_\_  
Date

This application must be mailed, faxed or scanned and attached to an email to:

Legacy Southwest Property Managing,  
LLC Attn: Selina Emminger  
8668 John Hickman Pkwy.  
Frisco, TX 75034  
Voice: 214-705-1615  
Email: [Selina@Legacysouthwestpm.com](mailto:Selina@Legacysouthwestpm.com)

Date Received by LSW: \_\_\_\_\_

Date Received by ACC: \_\_\_\_\_

(For ACC Committee Use Only)

ACC Decision (circle one):

APPROVED

DISAPPROVED

DENIED PENDING MORE INFORMATION

ACC Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reasons or Conditions:

\_\_\_\_\_  
\_\_\_\_\_