



Date: _____, _____, 202__

Name: _____

Address: _____

Lot: _____ Blk: _____

Builder/Contractor: _____

Phone: _____

Email Address: _____

For questions or more information:
Dawn Kelly- Property Management Group
817.337.1221
dkelly@propertymanagementgroup.org

Application must be submitted with the review fee of \$500.00 made out to South Bend Addition POA, with the property address clearly noted in memo of the check:
South Bend Addition POA
10340 Alta Vista Road Unit C
Fort Worth, Texas 76244
Date Received by SBE: _____
Check # _____ Received by: _____

My request refers to the following types of improvements(s): Check all that apply.

- New Home Construction
- Landscaping
- Home Addition
- Swimming Pool/Spa
- Deck/Patio Slab or Cover
- Propane Tank
- New Fencing
- Retaining Wall
- RV/Storage Building
- Guest Quarter/Pool House
- Boat Dock/Boat House
- Other _____

Builder/Contractor: _____

Name of Rep: _____

Phone: _____

Email Address: _____

If you are requesting review on items listed above, that are not a New Home Construction application, please describe the type of improvements below. You will be required to submit plans and colors being used:

New Home Construction requirements:

- ___ **Architectural plans with exterior elevations**- requires digital copy sent by email.
- ___ **Site Plan**- Must show the home placement with set-back lines & easements clearly marked.
- ___ **Set of Engineered Foundation Plans**
- ___ **Roof Pitch** - must be clearly marked on plans
- ___ **Types & Colors of exterior materials** - (see page 2 of this application).
- ___ **Landscape Plan**- All of front yard must have sod and requires two trees in the front yard. If currently no trees are in the front yard, it will be require to have 2 hardwood trees of 5" caliper to be installed and shown on landscape plan. (Unless otherwise approved via POA Variance)



New Home Construction questionnaire:

- Total air-conditioned space: 1st floor _____ sq ft / 2nd floor _____ sq ft / Total _____ sq ft
- Roof Material: _____ Roof Color: _____
- Roof Pitch: _____ (8/12 Minimum for Shingle Roof, 4/12 Minimum for Tile or Metal Roof)
- Height of Home: _____ (No higher than 40' or 2 1/2 stories tall)
- Number of Garages: _____ (Minimum of 2 must be side or rear facing.)
- Driveway: (Check one) ___ Concert Driveway ___ Paver Driveway (If colored concert/pavers) Color: _____
- Propane Tank: ___ Yes ___ No (If yes, tank must be screened if above ground or buried if larger than 125 gallons)
- Brick Color: _____ Stone Color: _____
- Exterior Trim Color: _____ Exterior Stain Color: _____

By submitting this application, I understand and acknowledge that:

- I have read and will comply with the requirements listed in the Declaration of Covenants, Conditions and Restrictions, as amended, for the SouthBend Estates subdivision, the Rules & Regulations, and Minimum Design & Construction Standards, and Bylaw's of South Bend Addition Property Owners Association.
- I have provided a copy to my builder/contractor of requirements listed in the Declaration of Covenants, Conditions and Restrictions, as amended, for the SouthBend Estates subdivision, the Rules & Regulations, and Minimum Design & Construction Standards, and Bylaw's of South Bend Addition Property Owners Association.
- The Architectural Review Committee ("ARC") has up to 30 days to review this application when complete and review fee is received. No work will be allowed until written approval from ARC is granted.
- Work must start within 180 days of approval by the ARC and must be completed within 18 months.
- Non-compliance with the Declaration of Covenants, Conditions & Restrictions, the Rules & Regulations of the Minimum Design & Construction Standards and/or this application, may result in a fine to the Lot Owner and a Stop Work Order being issued.

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SIGNED:	SIGNED:
Lot Owner's Name: _____	Builder/Contractor Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Architectural Review Committee ("ARC") Response:

____ FINAL APPROVAL

____ CONDITIONAL APPROVAL SUBJECT TO FOLLOWING: _____

____ ARC DENIAL FOR FOLLOWING: _____

DATE OF RESPONSE: _____ NAME OF ARC MEMBER: _____