

Siena Master Community, Inc.

P.O. BOX 200145

AUSTIN, TX 78720

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Email: office2@pamcotx.com

ARCHITECTURAL REVIEW REQUEST FORM

APPLICATION DATE: _____ TELEPHONE _____

HOMEOWNERS NAME _____

ADDRESS _____

EMAIL _____

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 with dimensions, utility information/ drainage plan (if applicable), 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: _____