

**PROPERTY IMPROVEMENT REQUEST FORM**

**The Fountains Homeowners Association, Inc.  
P.O. Box 892362  
Oklahoma City, OK 73189**

The "Declaration of Covenants, Conditions, Restrictions and Owner's Certificate", Article VI, Section 6.1 requires the following of all property owners of the Fountains:

**No building, fence, walk, driveway, wall or other structure or improvement shall be commenced, erected or maintained upon The Properties, including the Common Areas, nor shall any exterior addition to or change or alteration therein be made until the plans and specifications showing the nature, kind, shape, height, materials, and location of the same shall have been submitted to and approved in writing as to harmony or external design and location in relation to surround structures and topography by the Architectural Committee...**

**In accordance with the above requirements and for the protection of all residents, the Fountains Homeowners Association respectfully, request the following information be provided along with any supporting documents (plans, specifications).**

Date of Request: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Materials / Color: \_\_\_\_\_

Location on property: \_\_\_\_\_ Maximum Height: \_\_\_\_\_

Who will perform the improvement: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Signature of the Requestor: \_\_\_\_\_

**Please return this completed form to the Fountains Homeowners Association, Architectural Committee at the above address at least thirty (30) days prior to the start of the date of improvement. During the review process, you may be requested to provide further information regarding your improvement. The Architectural Committee will act on your request as quickly as possible and provide you with a written approval or denial of your improvement request. Please do not hesitate to contact any of the Architectural Committee members if you have any questions.**

(FOR ASSOCIATION USE ONLY)

**Approved as Requested**

**Approved as Qualified**

**Denied**

Qualifications (if any): \_\_\_\_\_

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

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