

Cedar Hill Homeowners Association

Architectural Control Committee  
**Request for Home & Lot improvements**

RETURN REQUEST FORM AND REQUIRED MATERIALS TO:

Cedar Hill Homeowners Association

Attn: Architectural Committee  
300 Red Cedar Lane  
Youngsville, LA 70592  
hoacedarhill@gmail.com

**A SKETCH OF YOUR REQUEST MUST ACCOMPANY ALL  
REQUESTS REGARDLESS OF THE TYPE.**

**OWNER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**LOT NUMBER:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_ (CELL) (WORK) (HOME)

**Please indicate and fully describe the improvement(s) which you propose (check all that apply):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Structure Addition (attached)  | <input type="checkbox"/> Structure Addition (non attached) | <input type="checkbox"/> Fence or Wall     |
| <input type="checkbox"/> Windows                        | <input type="checkbox"/> Exterior Doors                    | <input type="checkbox"/> Exterior Railings |
| <input type="checkbox"/> Garage Door                    | <input type="checkbox"/> Porch or Deck                     | <input type="checkbox"/> Bulkhead          |
| <input type="checkbox"/> Mailbox                        | <input type="checkbox"/> Satellite Dish                    | <input type="checkbox"/> Awning            |
| <input type="checkbox"/> Hardscape (sidewalk, pathways) | <input type="checkbox"/> Roof or Shingles                  | <input type="checkbox"/> Gutter            |
| <input type="checkbox"/> Landscape                      | <input type="checkbox"/> Exterior Painting                 | <input type="checkbox"/> Pool or Spa       |
| <input type="checkbox"/> Other _____                    |  |  |

**Describe in detail the scope of this request to include specific dimensions:**

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**A SKETCH OF YOUR REQUEST MUST ACCOMPANY ALL REQUESTS REGARDLESS OF THE TYPE.**

Attach a drawing showing location of improvement(s) which you propose, backyard, side-yard, etc. Be specific, showing to scale the property line, building set back lines, easements, fences, sidewalks, patios, pools, and neighboring lots and/or streets.

**Please provide a description of materials and identify the specific colors you will use with manufacturer numbers, even if it is the same that exists now. Include specific measurements of materials. For Example: Fence Board: Slats 1” x 4” x 6’**

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If you are painting or staining, you MUST include paint/stain sample and brand/manufacture. Please give particular consideration to the color of the brick when making your paint selection.

Brick Color: \_\_\_\_\_ Siding Color: \_\_\_\_\_

Shutter Color: \_\_\_\_\_ Front Door Color: \_\_\_\_\_

Trim Color: \_\_\_\_\_ Garage Door Color: \_\_\_\_\_

Shingle Type: \_\_\_\_\_ Shingle Color: \_\_\_\_\_

Other Material: \_\_\_\_\_

**Who will work on this improvement?**

Homeowner  Contractor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

**A SKETCH OF YOUR REQUEST MUST ACCOMPANY ALL REQUESTS REGARDLESS OF THE TYPE.**

I (we), the applicant(s) herein, certify and represent as follows:

1. I (we) are the legal owner(s) of the above described property.
2. The work, if approved, will be done promptly and properly by appropriately licensed contractors if necessary.
3. I (we) accept and acknowledge that the responsibility for maintaining, upkeep, etc. of the improvement/change shall solely be mine (ours), successors, assigns and subsequent property owners.
4. All work and the consequences thereof are solely at our risk and expense. We understand and hold the association, board of directors, and Community Management harmless on account of any consequences resulting from this approval, if granted.
5. Certain changes may affect the site plan, final survey or Certificate of Occupancy at my (our) unit and the Consequences thereof are solely at my (our) risk.
6. No representation by the association, board of directors, or Community Management, either expressed or implied, is assumed hereby.
7. I(we) will obtain all necessary permits from the parish, city, and/or state government office as required by law.

I(we) have read and agree to all of the conditions listed above, and I(we) agree to abide by the decision of the architectural control committee.

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

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**For ACC use only**

Date Received: \_\_\_\_\_ Receiving Member's Name: \_\_\_\_\_

Approved     
  Denied     
  Conditionally Approved

**ACC Signatures:**

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

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

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

**Comments or contingencies from ACC:**

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