Westwood Hills Ancient Oaks   
PROPERTY OWNERS ASSOCIATION  
Architectural/Construction Information Form

INITIAL APPROVAL FORM

This form must be completed before any construction begins, including future construction. All construction must conform to all building codes, Burnet County Codes, and Westwood Hills Ancient Oaks Property Owners Restrictions.

Lot Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lot#\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_\_\_

Phones: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Construction: Home – sq. ft. (heat/cool): \_\_\_\_\_\_\_\_\_\_\_ Garage: \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_

Total sq. ft. of slab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Exterior Material: Front \_\_\_\_\_\_\_\_\_\_\_\_ Sides \_\_\_\_\_\_\_\_\_\_\_\_\_ Rear \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Roof material: Asphalt \_\_\_\_\_ Steel \_\_\_\_\_ Wood \_\_\_\_\_ Tile \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_
* Frame Construction: Wood \_\_\_\_\_ Steel \_\_\_\_\_ Concrete \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_
* Construction – Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home construction \_\_\_\_ (180 days) limit - Barn/shed: \_\_\_\_(90 days) limit - Pools: \_\_\_\_ (60 days) limit

Builder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUB Contractors:

Water Well Driller Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License#\_\_\_\_\_\_\_\_\_\_\_\_\_

Sewer/Septic Installer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License#\_\_\_\_\_\_\_\_\_\_\_\_\_

Plumber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License#\_\_\_\_\_\_\_\_\_\_\_\_\_

Electrician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License#\_\_\_\_\_\_\_\_\_\_\_\_\_

Irrigation Installer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License#\_\_\_\_\_\_\_\_\_\_\_\_\_

Survey Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License#\_\_\_\_\_\_\_\_\_\_\_\_\_

Driveway Culvert: Number: One \_\_\_ Two \_\_\_ Corrugated Metal \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**TO DO LIST**:  
1. Plot & building Plans attached: Yes \_\_\_ No \_\_\_ Please draw a plot plan, preferably on a copy of your survey, showing the distances (*minimum 25 ft. for slab-based structures*) from property lines in “feet” for the following:  
 (A) House location (B) Other structures (C) Driveway location (D) Water Well (E) Septic System (F)Brick/Stone Fences (G) Other  
2. COUNTY PERMIT REQUIRED: Yes \_\_\_ No\_\_\_ Copy Attached: Yes \_\_\_ No \_\_\_  
3. Please submit two (2) copies of this form with one copy of your house/construction plans, and a copy of the County Permits to the Architectural Control Committee for approval prior to commencing any construction of any type.

(Two approvals will be required – an INITIAL APPROVAL and the FINAL APPROVAL FORM.)

THE ARCHITECTURAL Review COMMITTEE’S PURPOSE IS TO HELP MAINTAIN CONSTRUCTION STANDARDS   
AND PROPERTY VALUES IN OUR SUBDIVISION.

Property Owner Signature (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Architectural Review Signature (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Any additional construction must also be approved by the Architectural Review Committee.)