

If you have hired a vendor to do the work, I will need a copy of their business license, certificate of insurance with liability and workman's comp. The certificate needs to list the community as the **additional certificate holder**. See below.

Avalon Master

C/o RealManage, P.O. Box 803555, Dallas, TX 75380

Ph: 866-473-2573 & Fax: 866-919-5696 & Email: AVALONMA@CIRAMAIL.COM

If you are doing the work yourself, please state so on the application.

If you are replacing the roof or painting, please list the style and model number on the application.

See examples below:

Entegra Tiles Bella Collection:

Canyon Clay- Black Antique (A-CACL-AA 3006) Applications that are not specific will not be submitted.

Basket Beige SW6143

Please provide pictures and schematic map for all exterior changes. For example: doors, windows (require current pictures and pictures of what will be placed there), screened enclosures, fences, driveways extensions, pavers.

Please submit all documents together. Partially completed applications will not be saved or submitted.

Submit to:

Avalon Master Homeowners Association, Inc.
c/o RealManage, P.O. Box 803555, Dallas, TX 75380
Ph: 866-473-2573 Fax: 866-919-5696
Email: AVALONMA@CIRAMAIL.COM

AVALON MASTER HOMEOWNERS ASSOCIATION, INC.

Architectural Application

Owner Name: _____ Email Address: _____
Property Address: _____
Home Phone: _____ Work Phone: _____

Approval is hereby requested to make the following modification, alteration or addition to my home or lot. In making this request, I hereby agree to repair any damages caused to common or limited common areas as a result of this work and will restore these areas to their original condition within two (2) weeks of completion. I further understand the restrictions concerning the outdoor living area easement as defined and described in the homeowner documents. If you have hired someone to do the work, a copy of their business license and certificate of insurance is required. The certificate needs to list Alavon as the additional certificate holder. Give a brief detailed description of addition, alteration, improvement, including but not limited to:

Type of Material: _____
Size: _____ Shape: _____ Color: _____

Specific Description:

Document Checklist: ☐ Survey/Plot Plan ☐ Product Photograph
☐ Bldg. Plans/Specifications ☐ Other

Date Owner Signature Owner Signature

I hereby understand that written approval must be obtained from the Association prior to installation and that I hereby acknowledge that I can be forced to remove installation if done without approval. All installations must be done subject to appropriate municipal approvals if required. I understand that maintenance of any work completed is my responsibility. Valid for six months from date of ARC approval.

***All applications MUST be signed for approval to be valid.

Approved ☐ Denied ☐ By: _____ (RealManage) Date: _____
Approved ☐ Denied ☐ By: _____ (ACR Member) Date: _____
Approved ☐ Denied ☐ By: _____ (Board Member) Date: _____

Comments: _____

