

SAN GABRIEL ACC SMALL PROJECT APPLICATION

Property Owner's Name _____ Home Phone _____

Address _____ Work Phone _____

E-Mail Address _____

Briefly Describe the Alteration or Improvement which you propose _____

Who will do the Actual Work on this Improvement? _____

Location of Improvement

___ Front of House ___ Roof of House ___ Back of House ___ Garage ___ Patio
___ Side of House (Left) ___ Side of House (Right) Other _____

Material Used for Proposed Improvement (Check and Attach Color Samples)

___ Paint Colors: _____

___ Stain Colors: _____

___ Lumber Type: _____

___ Brick Type: _____

___ Screen Type: _____

___ Cement ___ Pipe ___ Electrical

___ Fence Type: _____

___ Other Type: _____

Signature of Homeowner Start Date Completion Date

***PLEASE INCLUDE SKETCH OR COPY OF PROJECT, INCLUDING HOUSE, LOT LINES, AND EASEMENT LINES WITH THIS FORM. RETURN TO:**

San Gabriel C.I.A.
C/o SGACC
950 South Fry Rd.
Katy, Texas 77450

OR FAX 281-566-0990
Email donnie@magprop.com
Email lisa@magprop.com

FOR ACC USE ONLY

___ Accepted ___ Denied Date _____

Comments: _____

Signatures: _____

