

DSCS MODIFICATIONS SUBMISSION FORM

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

I would like to request approval for the following submission: (Please make sure to include specifications - height, materials, color, etc. and a site plan showing location of the improvement)

Homeowner's Signature

IMPORTANT NOTICE:

In addition to Association approval, please inquire the City about permit requirements before starting any work on this property involving new construction, additions, alterations, or any modifications to structural, electrical, heating, water, gas, of sanitary plumbing systems or property improvements.

**Mail to: DSCS SPRING CREEK SAGINAW
 2425 N. Central Expwy Ste 500
 Richardson TX 75080**

Email to: Maggie.Raines@goodwintx.com

Please call the management office at (214-445-2752) if you have any questions.

REVIEWED BY ACC COMMITTEE: DATE _____

_____ **Approved**

_____ **Denied**

Conditions/Reasons/Comments: _____

Architectural Control Committee Representative: _____