



HIGH  
GABRIEL  
ESTATES

Property Owners' Association,  
Architectural Control Committee

### **Building / Remodeling Request Form**

In accordance with the recorded Deed Restrictions of each section of High Gabriel Estates\* and in order to protect each individual owner's rights and values, any owner who is considering an improvement of his/her deeded property is required to submit the following information to the ACC prior to initiating work on the planned improvements. The High Gabriel Estates Deed Restrictions are available at [highgabrielwsc.com/poa](http://highgabrielwsc.com/poa)

- 1) A completed Building / Remodeling Request Form
  - 2) Complete and detailed building plans (listing materials, specifications, elevation)
  - 3) A property site plan / survey showing the location of the proposed improvement
- **FAILURE TO SUBMIT THE REQUIRED INFORMATION (items 1, 2, & 3 above) PRIOR TO CONSTRUCTION MAY RESULT IN DELAY AND / OR DENIAL OF YOUR REQUEST**

#### **Property & Owner Information:**

Property Owner

Name: \_\_\_\_\_

Owner Address:

\_\_\_\_\_

Legal Property ID (ex. R035000) (West 1, Lot

1): \_\_\_\_\_

Email Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_ Construction End Date: \_\_\_\_\_

#### **Description of Proposed Improvements:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Owner acknowledgement:** I understand the ACC will acknowledge receipt of this request within 15 days and approve/deny this request within 30 days after all information is received. I agree not to begin property improvements without written ACC approval. I further understand that all construction will comply with local building codes, and that ACC a do not override building codes.

Property Owner Signature: \_\_\_\_\_

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

#### **ACC USE ONLY:**

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

By: \_\_\_\_\_

Application Complete? (Circle one) Yes No

ACC Decision: (Circle One) Approved Denied Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

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

Return this form to [hgepoa.acc@gmail.com](mailto:hgepoa.acc@gmail.com) or U.S. Mail: HGEPOA, PO Box 1152, Leander, TX 78646

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