

**ASSOCIATION OF PROPERTY OWNERS OF RIVERHILL (APOR)
APPLICATION FOR EXTERIOR RENOVATION/ADDITION/
CHANGES TO EXISTING RESIDENCE/PROPERTY**

Name: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Type of renovation (check all that apply):

<input type="checkbox"/> Basketball Hoop/Backboard	<input type="checkbox"/> Exterior Painting	<input type="checkbox"/> Hot Tub/Sauna
<input type="checkbox"/> Deck/Patio Slab	<input type="checkbox"/> Playground Equipment	<input type="checkbox"/> Shed/Greenhouse
<input type="checkbox"/> Deck/Patio Cover	<input type="checkbox"/> Room Addition	<input type="checkbox"/> Walls, retaining
<input type="checkbox"/> Dog Run/Dog House	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Walls, decorative
<input type="checkbox"/> Fencing	<input type="checkbox"/> Other _____	

NOTE: Approval is based on conformance with the Covenants, Conditions and Restrictions (CC&Rs). These differ throughout Riverhill. For those that apply to the location of this property, please refer to the APOR website, www.riverhillpoa.com.

Use the space below to provide information, and/or attach plans/drawings/survey indicating height, width, depth, square footage, types of exterior construction materials, roofing, and exterior paint color, including any location information on the existing property and property/plat. Drainage is an important element of construction and should be carefully considered. Also, please indicate the approximate duration of construction.

**APPLICATION FOR APPROVAL OF EXTERIOR RENOVATION/ADDITION/CHANGES TO
EXISTING RESIDENCE/PROPERTY**

I understand that approval by the Architectural Control Committee of APOR must be obtained BEFORE I proceed with my project. I understand that APOR approval does not constitute approval by the City of Kerrville that may be more restrictive than the CC&Rs. I understand I may be required to obtain permits, licenses, pay fees, and/or obtain other professional opinions/certifications. I agree to complete the project as per the plans and specifications submitted and that any modifications will be submitted to APOR for review and approval prior to proceeding. I understand that the project is to be kept as clean as possible and free of debris on adjoining properties.

Signature of Property Owner(s):

Date: _____

Please send application to: Association of Property Owners of Riverhill, Inc., P.O. Box 293895, Kerrville, TX 78029 and so advise Doug Holmes, Director, APOR, at apor.acc2020@gmail.com. Electronic copies can be sent to apor.acc2020@gmail.com. If you wish to present your application in person, you will be given an address.

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TO BE COMPLETED BY THE ASSOCIATION OF PROPERTY OWNERS OF RIVERHILL (APOR)
ARCHITECTURAL CONTROL COMMITTEE (ACC)

Name of Applicant: _____

Address of Property: _____

Date Received by APOR (ACC): _____

Date Approved as Submitted: _____

*Date Approved with Conditions: _____

**Date Denied: _____

Signature ACC: _____

**(CONTINUED) ASSOCIATION OF PROPERTY OWNERS OF RIVERHILL (APOR)
APPLICATION FOR APPROVAL OF EXTERIOR RENOVATION/ADDITION/CHANGES TO
EXISTING RESIDENCE**

***Conditions for Approval:**

****Reason(s) for denial:**