

<p>2.1 Home Improvement Material (Siding) Application Form</p>	<p>Legal description: Village _____ Sec ____ Blk ____ Lot _____ Address: _____ Owner: _____ Phone (Res) : _____ (Day): _____ Fax: _____ Other phone: _____ E-mail: _____ Estimated Start Date: _____ Contractor Company Name: _____ Contractor's Phone: _____ Contractor's Address: _____ Contractor's e-mail: _____</p>
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HOW TO APPLY

1. Complete and sign this application.
2. Provide brochures, drawings, or photographs, and color samples.
3. All permits will be emailed. Homeowner email is required.
4. Please visit our web site to check the posted agendas of the Plan Review Committee meetings at <http://www.thewoodlandstowship-tx.gov>. Submission **does not** guarantee posting on the upcoming agenda.

APPLICANT INFORMATION - PLEASE PROVIDE THE FOLLOWING:	
	Improvement type: Material
For Material Change:	Siding type: _____ Color: _____
	Other type: _____ Color: _____

OWNER CERTIFICATION AND HOLD HARMLESS AGREEMENTS

1. The information set out above and included with this Application is accurate and complete.
2. The improvements will be completed in accordance with the approved application.
3. The improvements will not affect existing surface water flows at the lot boundaries.
4. Agents or employees of The Woodlands Township have my permission to enter the property during normal business hours.
5. Construction/Installation of the project specified in this application, may not begin until the action by the Plan Review Committee is granted and a permit has been issued by The Woodlands Township's Covenant Administration Department.

Owner understands that The Woodlands Township does not review plans for compliance with applicable laws or codes, and that it is the duty of the owner and the owner's contractors or consultants to design and construct the proposed improvements according to applicable laws, codes and sound practices. Owner hereby releases and agrees to hold The Woodlands Township, The Development Standards Committee, and their agents and employees harmless from any cost or liability arising out of the review or approval of plans for the proposed improvements.

Owner Signature	Date	Contractor Signature (optional)	Date
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NOTE: Construction must be completed within 120 days of Plan Approval

(For Office Use Only)

Staff Approval Verification

Date _____ Int. _____ Int. _____

Committee Action _____
(date)

Approved Deferred
 Conditionally Approved Returned
 Disapproved

Supplemental Action _____
(date)

Approved Deferred
 Conditionally Approved Returned
