

COLLIN SQUARE HOME OWNERS ASSOCIATION



ARCHITECTURAL ALTERATION / CHANGE REQUEST FORM

Reference Number (located at the top of the notification letter): # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Description of Proposed Alteration / Change: \_\_\_\_\_

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

Proposed Location: \_\_\_\_\_

Proposed Elevation / Shape / Dimensions / Exterior Color Plans: \_\_\_\_\_

Type and Color of Material Used: \_\_\_\_\_

Plans Attached:  Yes  No

Date Submitted: \_\_\_\_\_ Date Work to Begin: \_\_\_\_\_

Estimated Completion Time: \_\_\_\_\_

Please mail this completed form to:  
Collin Square HOA  
101 North Greenville Ave  
Suite C PMB 241  
Allen, TX 75002

*fax to: 1-866-812-8811  
email to: HOACARE@circle.com*

This Form Will Be Reviewed By The Architecture Committee. Please Allow 10-14 Business Days For A Response.

BELOW FOR ARCHITECTURE COMMITTEE USE

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Owner may file an appeal by notifying the HOA Board or Architecture Chairperson in writing within 30 days of receipt of this ruling.

Comments: \_\_\_\_\_

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