

# BARTON CREEK

## MASTER ARCHITECTURAL CONTROL COMMITTEE POOL PLAN APPLICATION

Date: \_\_\_\_\_ Lot/Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Owner: \_\_\_\_\_ Landscape Architect: \_\_\_\_\_

You must provide three (3) full size sets of plans and two (2) 11 x 17 size sets of plans. Pool plans must indicate the following, where applicable:

- |                                                                                           |                                          |
|-------------------------------------------------------------------------------------------|------------------------------------------|
| _____ Address/Subdivision                                                                 | _____ Revision dates                     |
| _____ Site plan with pool location & boundaries                                           | _____ Permanent fencing and walls        |
| _____ Water feature diagrams/dimensions                                                   | _____ Safety fencing & materials storage |
| _____ Erosion control                                                                     | _____ Equipment location and screening   |
| _____ Specs for cabana/pool house including elevations & materials                        |                                          |
| _____ Diagrammatic section indicating existing and proposed grades and drainage patterns  |                                          |
| _____ Indication of where discharged water from backwash operations will be directed      |                                          |
| _____ \$600 Design Review Fee payable to Barton Creek North Property Owners Association   |                                          |
| _____ \$5000 Compliance Deposit payable to Barton Creek North Property Owners Association |                                          |
| _____ Signed Compliance Deposit Agreement                                                 |                                          |

Note: A variance application and fee of \$750 must be submitted when any encroachments are involved.

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### FOR MACC USE ONLY

\_\_\_\_\_ Approved as submitted \_\_\_\_\_ Returned for more information

\_\_\_\_\_ Denied

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

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### Please return the requested information to:

Sara Huff, Association Manager  
BCNPOA/MACC  
7035 Bee Cave Blvd, Suite 108  
Austin, TX 78746  
512-219-1927 phone ■ [sara.huff@realmanage.com](mailto:sara.huff@realmanage.com)