

Date received by ARB: _____

APPLICATION TO THE ARCHITECTURAL REVIEW BOARD

THIS SECTION TO BE COMPLETED BY THE PROPERTY OWNER:

PROPERTY OWNER

NAME: _____

PROPERTY

ADDRESS: _____

PHONE: _____ OTHER PHONE _____

EMAIL: _____

Please write on the back of this document if you require additional space for your explanation of the change you want to make or at the end of this document if you are completing the form on a computer.

DESCRIPTION OF IMPROVEMENT:

SPECIFICATION OF IMPROVEMENT (COLORS, MATERIALS, STYLE, HEIGHT, ROOF LINES, ELEVATIONS, ETC):

HAS ANY OTHER PROPERTY ALLOWED SUCH ALTERATION? YES/NO? IF YES, WHERE?

HAVE YOU CHECKED WITH YOUR NEIGHBOUR(S) TO SEE IF THEY HAVE ANY OBJECTION TO ALTERATION?

PLEASE ATTACH PHOTO'S OF THE CURRENT LANDSCAPE OR STRUCTURE TO BE ALTERED

PLEASE ATTACH A DRAWING OF WORK TO BE DONE

Date received by ARB: _____

PLEASE CHECK THAT YOU UNDERSTAND THE FOLLOWING AND WILL ABIDE BY ALL RULES AND REGULATIONS SHOULD YOUR REQUEST BE APPROVED:

- Copy of permit from County (IF APPROPRIATE) would be required prior to work commencement
- Copy of insurance documents from contractor required
- Work can only be done between the hours of 8AM and 5PM
- Neither equipment nor work can infringe upon any owner or guest right to enjoy their stay
- Neither equipment nor work can enter upon the abutting properties
- The association landscaper must sign off on any exterior alteration to verify impact of irrigation.
- Owner shall be responsible for any repairs to landscaping on the property as a result of such work.
- Owner shall be responsible for any damages to any property as a result of such work.
- Materials used for construction shall fit in with the community standards and colors.
- Copy of County inspection reports (if appropriate) shall be given to Association Manager.
- Owner shall comply with all regulations of the HOA documents including Master and Sub Association.
- The ARB and / or their Liaison shall have the right to review work completed on a daily basis to verify works in accordance with the rules and regulations of the HOA and the plans submitted.
- Will the completed work hinder or interview with neighbors or surrounding home(s) current view.

Owner/s signature of understanding and compliance: _____

Date: _____

Checklist for submittal to ARB:

- | | |
|--|---|
| 1. Completed Application | 5. Photos of any other property which change has already occurred |
| 2. Lot layout | 6. Rules and regulations checked and agreed to |
| 3. Drawing of alteration – showing placement on the lot layout | |
| 4. Photos of current condition | |

This section to be completed by ARB:

- APPROVED**
- DENIED**

DATE: _____

COMMENTS: _____
