

ARCHITECTURAL CHANGE REQUEST

ARCHITERCTURAL CHANGE REQUEST HOMEOWNERS ASSOCIATION

Please complete this request form, along with a COMPLETE SET of your proposed home improvement plan and forward to:

BOARD OF DIRECTORS

c/o California Curb Appeal Real Property Specialists 1881 Commercenter East, Suite 222 San Bernardino, CA 92408

NAME:	
ADDRESS:	
HOME/CELL PHONE:	WORK PHONE:
ADDRESS:	UNIT NUMBER:
PROPOSED START DATE:	ESTIMATED COMPLETION DATE:
	callation will be at no cost whatsoever to the Association
*Please note that NO work shal	e the responsibility of the owner, heirs, or assignees Il begin without the approval of the HOMEOWNERS ORS, and violation may result in the levying of fines.
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PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR REQUEST:

- 1. Complete description of the proposed improvement.
- 2. Location of residence on lot and dimensions from lot line.
- 3. Complete dimensions of improvement proposed.
- 4. Measurement of improvements in relationship to home and lot lines.
- 5. Description of materials and color scheme.
- 6. Drawing showing affected elevations and drainage.
- 7. Drawings.

NOTIFICATION OF ADJACENT NEIGHBORS MUST BE COMPLETED PRIOR TO SUBMITTAL TO THE BOARD.



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Impacted neighbors (visual access)

DESCRIPTION OF PROPOSED IMPROVEMENT:

A drawing of your proposed improvement must be attached on a separate 8.5" x 11" (minimum size) paper listing all measurements in relation to the house and property lines.

NOTE TO HOMEOWNER:

The correct completion and follow-up of all Architectural Approvals is strictly the responsibility of the Homeowners. If you do not receive either an approval or denial letter within one month of submittal, please call California Curb Appeal Real Property Specialists at (909) 601-7069.

BOARD OF DIRECTORS APPROVAL

Approved:	Date:
Denied and/or Conditions of Approval:	



HOME IMPROVEMENT FORM HOMEOWNER'S ASSOCIATION FACING, ADJACENT, AND IMPACTED NEIGHBOR STATEMENT

THE ATTACHED PLANS WERE MADE AVAILABLE TO THE FOLLOWING NEIGHBORS, FOR THEIR REVIEW. They have been notified that I am submitting these plans for Architectural Committee Review.

NAME OF NEIGHBOR:			
ADDRESS:			
SIGNATURE:			
DATE:		APPROVES:	DISAPPROVES:
NEIGHBOR IS: FACING	ADJACENT	IMPACTED	
NAME OF NEIGHBOR:			
ADDRESS:			
SIGNATURE:			
DATE:		APPROVES:	DISAPPROVES:
NEIGHBOR IS: FACING	ADJACENT	IMPACTED	
NAME OF NEIGHBOR:			
ADDRESS:			
SIGNATURE:			
DATE:		APPROVES:	DISAPPROVES:
NEIGHBOR IS: FACING	ADJACENT	IMPACTED	