LOS ROBLES TOWNEHOMES ARCHITECTURAL COMMITTEE

PROCEDURES FOR SUBMISSION OF PLANS

- 1. OWNER SHOULD REFER TO THE COVENANTS, CONDITIONS, AND RESTRICTIONS.
- 2. WRITTEN REQUESTS FOR IMPROVEMENTS OR ALTERATIONS, INCLUDING CONSTRUTION PLANS, BLUEPRINTS AND SPECIFICATIONS, ARE TO BE SUBMITTED TO THE ARCHITECTURAL COMMITTEE WITH A COMPLETED "APPLICATION FOR ARCHITECTURAL APPROVAL" FORM TO THE COMMITTEE'S OFFICE ADDRESS OR BY EMAIL:

LOS ROBLES TOWNEHOMES ASSOCIATION C/O ANCHOR COMMUNITY MANAGEMENT P.O. BOX 3237, CAMARILLLO, CA 91311-3237 805-388-3848 805-388-0856FAX CAROL@ANCHORCOMMUNITYMGT.COM

- 3. WHEN RECEIVED, MANAGEMENT COMPANY WILL FORWARD APPLICATION TO THE ARCHITECTURAL COMMITTEE AND COPY THE APPLICATION FORM FOR THE MONTHLY BOARD PACKET.
- 4. THE COMMITTEE CHAIRMAN WILL WRITE THE DATE RECEIVED ON THE APPLICATION FORM AND WILL NOTIFY THE OWNER THAT PLANS HAVE BEEN RECEIVED.
- 5. THE COMMITTEE HAS THIRTY (30) DAYS TO REVIEW THE PROPOSED IMPROVEMENT OR ALTERATION AND EITHER APPROVE OR DISAPPROVE THE PROPOSED ALTERATION. NOTIFICATION OF THE OWNER WILL BE EITHER BY HAND DELIVERY OR BY U.S. POSTAL SERVICE, FIRST CLASS POSTAGE. THE COMMITTEE MUST SEND NOTICE OF APPROVAL OR DISAPPROVAL WITHIN THE THIRTY (30) DAY TIME LIMIT.
- 6. FOLLOWING ARCHITECTURAL COMMITTEE'S APPROVAL OR DISAPPROVAL, THE COMPLETED APPLICATION FORM WILL BE SENT TO THE MANAGEMENT COMPANY FOR FILING.

 MANAGEMENT COMPANY WILL INCLUDE COPY OF COMPLETED FORM IN THE MONTHLY BOARD MEETING PACKET.
- 7. EACH OWNER SHALL COMPLY WITH ALL APPLICABLE ORDINANCES AND STATUTES, AND WITH REQUIREMENTS OF LOCAL AND/OR STATE BOARD OF HEALTH WITH RESPECT TO THE OCCUPANCY AND USE OF THE LOTS.

APPLICATION FOR ARCHITECTURAL APPROVAL

PLEASE MAIL OR EMAIL TO:

LOS ROBLES TOWNEHOMES ASSOCIATION C/O ANCHOR COMMUNITY MANAGEMENT P.O. BOX 3237, CAMARILLLO, CA 91311-3237 805-388-3848 805-388-0856FAX CAROL@ANCHORCOMMUNITYMGT.COM

NAME:	
ADDRESS:	LOT#:
PHONE (DAY):	PHONE (EVE):
DESCRIPTION OF THE PROPOS	ED IMPROVEMENT OR ALTERATION:
PROPOSED IMPROVEMEN AND COLOR OF MATERIA 2. COPY OF THE PERMIT ISS	BLUEPRINTS AND/OR SKETCHES AND WRITTEN DESCRIPTION OF THE T OR ALTERATION SHOWING DIMENSIONS DISTANCE FROM LOT LINE, TYPE
BONDED AND INSURED CONTRA	ONSIBLE FOR ANY DAMAGE RESULTING FROM THIS WORK. LICENSED, CTORS ARE RECOMMENDED. IT IS THE OWNER'S RESPONSIBILITY TO INSURE ER'S COMPENSATION, LIABILITY AND AUTOMOBILE LIABILITY INSURANCE.
	THIS APPLICATION HAS BEEN APPROVED AND SIGNED BY THE ALL WORK IS SUBJECT TO INSPECTION BY THE ASSOCIATION.
	TTH ALL APPLICABLE ORDINANCES AND STATUTES AND WITH THE OR STATE BOARDS OF HEALTH WITH RESPECT TO THE OCCUPANCY AND USE
OWNERS AND ALL FUTURE OWN	PPROVED IMPROVEMENTS OR ALTERATION SHALL BECOME THE CURRENT ER'S RESPONSIBILITY TO MAINTAIN. THE OWNER AGREES TO HOLD THE ANY FUTURE MAINTENANCE OR REPLACEMENT EXPENSES.
OWNER'S SIGNATURE:	DATE:
DO NOT WRITE BELO	OW THIS SPACE, FOR ARCHITECTURAL COMMITTEE USE ONLY
DATE RECEIVED BY ARCHITE	CTURAL COMMITTEE:
THE ARCHITECTURAL COMMI	TTEE HAS REVIEWED AND APPROVED/DISAPPROVED THIS APPLICATION.
COMMENTS:	
SIGNED:	DATE:

DATE: _____

SIGNED: