

**CAMARILLO MIRAMONTE HOMEOWNERS ASSOCIATION**  
**ARCHITECTURAL APPROVAL APPLICATION**

Owner Name (*please print*) \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_  Paseo Encantada or  Via Montanez, Camarillo, CA 93012

Mailing Address (*if different*) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Proposed Improvements (attach extra pages if necessary) \_\_\_\_\_

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

***The Board has up to 30 days to consider this request. Please allow for this time.***

**NEIGHBOR ADVISEMENT:**

The Architectural Committee has determined that it is in your best interest to advise your neighbors of any proposed improvements to your property and request that you have your adjacent neighbors sign where indicated below.

<i>Neighbor's Signature (owner, not tenant)</i>	<i>Address</i>	<i>Objections</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Objections by neighbors do not mean disapproval by committee. Objections will be reviewed by the committee.*

**SUBMITTAL:**

Please review CC&R's (Article IX) for additional requirements. Please include brochures, etc., if appropriate.

1. Description of improvement
2. Location of improvement and residence on plot plan with dimensions to property lines
3. Materials to be used and colors of materials
4. All dimensions of improvements
5. Elevations of proposed improvements relating to existing dwelling

*If any of the above information is not included, your plans will be returned to you without processing.*

**Email to:** **info@anchorcommunitymgmt.com** (email preferred)

**Or mail to:** **Camarillo Miramonte Homeowners Association**  
**c/o Anchor Community Management, Inc.**  
**P. O. Box 3237, Camarillo, CA 93011-3237**

**Or Fax To:** **(805) 388-0856**

## ARCHITECTURAL APPROVAL REQUEST

**This approval shall be limited to the items specifically set forth herein and is hereby granted upon the following terms and conditions. The violations thereof or non-compliance therewith will be grounds for the rescinding and revocation of the approval hereby granted.**

1. This application for architectural review will be submitted to Anchor Community Management no later than thirty (30) days prior to the anticipated commencement of work. No work on this request will begin until written approval from the Board has been received.
2. Any planting shall not interfere with designed operation of sprinkler heads or hinder landscape maintenance. Any modifications to landscaping should not interfere with proper drainage through your lot or through the tract in general.
3. Any installations, interior or exterior, must not later existing construction design or the function thereof.
4. All work will be subject to inspection by the Association. The owner, together with the contractor, will be held responsible for any deviations of the above and will be required to make any necessary corrections at the owner's expense.
5. By the execution and acceptance of this Permit, and the terms and conditions hereof, the owner acknowledges that he has been advised that the above installation, when completed, forming a part of the common elements, will not be subject of any insurance coverage or loss prevention or indemnification coverage by the Association.
6. Owner hereby acknowledges that the responsibility to repair and maintain the above installation is the responsibility of the present or future owner. If the unit is sold it is the present owner's responsibility to provide a copy of this Agreement to the buyer.
7. Owner, by the execution and acceptance of this Permit, has remised, released, and forever discharged, and by these presents does remise, release, and forever discharge the said Association of and from all obligations, controversies, suits, actions, causes of actions, trespasses, variances, damages, claims or demands, in law or in equity, which against the said Association the resident ever had, now has, or hereafter can, shall, or may have, for, upon or by reason of any damage to the above installation occurring in any manner whatsoever.
8. All work shall be in compliance with exiting State, County, City and Association regulations. This form is not a substitute for any permits required by the State, County, or City.
9. The Association recommends using only licensed and insured contractors.

I accept the terms and conditions set forth which have been fully read by me.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ARCHITECTURAL CONTROL REVIEW

Approved                       Disapproved                       Conditional Approval

Reason for disapproval, or conditions of approval (*required*): *All decisions are final.*

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By \_\_\_\_\_

Approval Date \_\_\_\_\_