

OXNARD MEDICAL ARTS PLAZA
P.O. Box 3237, Camarillo, CA 93011-3237
805-388-3848, FAX: 805-388-0856
www.anchorcommunitymgt.com/OMAC.htm

REQUEST FOR ARCHITECTURAL CHANGE

Owner Name(s): _____ Date: _____

Business Suite Address: _____ W. 7th St., Oxnard, CA 93030

Mailing address (if different): _____

Office Phone: _____ Cell Phone: _____

Email: _____

Explanation of Request: _____

The Board has 30 days to consider your request. Please allow for this time in your plans.

Owner's Signature

FOR BOARD/ARCHITECTURAL COMMITTEE USE ONLY

The Board of Directors has considered your request and has decided the following:

Approved Disapproved Conditional Approval

Conditions of approval or reason for disapproval (required) – all decisions are final:

Work must be done by a qualified, licensed and insured Contractor.

Owner is responsible for any necessary city permits.

Owner is responsible for the installation and any resulting problems.

By _____

_____ Date