SHADOW OAKS CONDOMINIUM ASSOCIATION ARCHITECTURAL REQUEST FORM

Name of Owner(s)		Email		
Property AddressOak Park, CA				
Mailing Address (if dif	ferent)			
Home Phone Cell Phone				
		chures and color chips, as applicabl		
Proposed Start Date Ex		•		
Submit two (2) copies modifications/addition distances to property	of this form as well as an including dimension	this request. Please allow for this any additional information descriss, materials to be used, color, loc improvements relative to existing	ribing the cations on the property,	
	(110 10111100 111		yes	
Print Name	Address	Signature	(check one)	
Print Name	Address	Signature	yes no (check one)	
*Neighbor objections of determine if their objections		se denial. However, the neighbors v	will be contacted to	
Association and compl	iance with our governing	nsistency throughout the Shadow (g documents. This form is not a sub g subject to inspection by the home	estitute for any permits	
Owners' Signature	wners' Signature Date			
NOTE: Please take the returned, causing dela		equired information. Partially con	npleted requests will be	
-	•	gement, Inc., P.O. Box 3237, Can 0856 • e-mail: info@anchorcommu		
Belo	w this line for use by th	ne Architectural Control Commi	ttee only	
	Approved: C	Conditional approval: Di	sapproved:	
Conditions for approve	al or reason(s) for disapp	proval:		
Date:	Signature:			
Disapproved requests may	y be appealed to the Board o	of Directors. The Board will review at t	their next meeting.	