

**SHADOW OAKS CONDOMINIUM ASSOCIATION**  
**ARCHITECTURAL REQUEST FORM**

Name of Owner(s) \_\_\_\_\_ Email \_\_\_\_\_

Property Address \_\_\_\_\_ Oak Park, CA

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

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

Proposed Improvement (Include drawings, brochures and color chips, as applicable. Be as detailed as possible - add additional pages as necessary) \_\_\_\_\_

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

Proposed Start Date \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

*The Board has 45 days in which to respond to this request. Please allow for this time in your plans.*

**Submit two (2) copies of this form as well as any additional information describing the modifications/additions (including dimensions, materials to be used, color, locations on the property, distances to property lines, and elevation of improvements relative to existing dwelling).**

**NEIGHBOR ADVISEMENT** (No Tenants Please)

*Do you object to this request?\**

Print Name	Address	Signature	<input type="checkbox"/> yes	<input type="checkbox"/> no
			<i>(check one)</i>	
Print Name	Address	Signature	<input type="checkbox"/> yes	<input type="checkbox"/> no
			<i>(check one)</i>	

*\*Neighbor objections do not in themselves cause denial. However, the neighbors will be contacted to determine if their objections are appropriate.*

*The intent of this request form is to maintain consistency throughout the Shadow Oaks Condominium Association and compliance with our governing documents. This form is not a substitute for any permits required by the city, county or state. All work is subject to inspection by the homeowners' association.*

Owners' Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** *Please take the time to include all the required information. Partially completed requests will be returned, causing delays in processing.*

**Mail requests to:** Anchor Community Management, Inc., P.O. Box 3237, Camarillo, CA 93011-3237  
(805) 388-3848 ☎ fax: (805) 388-0856 ☎ e-mail: colleen@anchorcommunitymgt.com

**Below this line for use by the Architectural Control Committee only**

Approved:       Conditional approval:       Disapproved:

*Conditions for approval or reason(s) for disapproval:*

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_