

White Oak Townhomes Owners Association
ARCHITECTURAL MODIFICATION REQUEST

DATE : _____
NAME: _____ LOT# _____
ADDRESS: _____ CITY _____
DAY PHONE _____ NIGHT PHONE _____
PROPOSED IMPROVEMENTS _____

Length: _____ Width: _____ Height: _____ Color: _____

LOCATION: Outline the project in the space below, showing it in relationship to your house and your neighbor's house / property. Also indicate fences, walls, driveways, streets. If more space is required use a separate piece of paper and indicate there are additional pages.

	Check here if there are additional drawings attached
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On major projects (patio cover, gazebo, fence, etc.) detailed drawings or plans must accompany this Application in duplicate. Only one copy will be returned.

It is the sole responsibility of the applicant to obtain any City and / or County permits that may be required for this project. Approval of this application by the Architectural Committee does not constitute a waiver for the need of proper construction permits. Final approval may require certain permits.

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I, the undersigned, understand that the decision of the Architectural Committee is based upon the facts presented in this application; and that any variation from the original approved application will require a revised application, and that any such changes may or may not void the initial approval application.

I also understand that construction may not commence prior to the final approval by the Architectural Committee, or prior to the expiration of the 30-day limit for action by the Committee on this application.

It is understood that I will be notified by the Committee upon their receipt of this application, and that in the absence of such notice within ten (10) days after mailing this application to the address below, it will be my duty to contact the management company to confirm receipt of the application.

SUBMITTAL MUST INCLUDE:

1. Description of improvement
2. Location of proposed improvement 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
6. Plans larger than 8.5" x 14" should be submitted in duplicate.

IF ANY OF THE ABOVE INFORMATION IS NOT INCLUDED, YOUR PLANS WILL BE RETURNED TO YOU WITHOUT PROCESSING.

MAIL TO: White Oak Townhomes Owners Association
P.O. Box 3237, Camarillo, CA 93011
fax: 805-388-0856 or email: carol@anchorcommunitymgt.com

By signing below I agree to the above requirements:

Signature Date

Do not write below this line

Mail completed requests to:

ARCHITECTURAL CONTROL COMMITTEE	
Approved: _____	Disapproved: _____
Conditions of Approval or Reasons for Disapproval: _____	

Signature _____	Date _____