# FLORA VISTA SUBASSOCIATION ARCHITECTURAL COMMITTEE REVIEW APPLICATION

Please complete this request form and attach three (3) copies of proposed lot/home improvement plans and mail or deliver to:

Date:	FLORA VISTA SUBASSOCIATION c/o Action Property Management, Inc. 2603 Main Street, Suite 500 Irvine, CA 92614 Fax: (949) 450 – 0303	
From:		
Mailing Address		
Home Phone Number	Work Phone Number	
Property Address:		
	Lot #:	
Architect, Engineer or Owner's	Representative (if applicable):	
Nar		
Address		
Note: SUBMIT PLANS AN	D SPECIFICATIONS IN TRIPLICATE	
Proposed: Start Date:	Completion Date:	
<b>BRIEF DESCRIPTION:</b>		
<b>EXTERIOR PAINTING:</b>	STUCCO:	
FASCIA:	TRIM:	
GARAGE DOOR:	SHUTTERS/ENTRY DOOR:	
WOODSIDING:		

### **NEIGHBOR AWARENESS:**

- 1) Neighboring homeowners affected by the improvements (those on either side, in back of, or opposite to you) must be advised of proposed work.
- 2) <u>An impacted homeowner does not have veto power over the proposed project, rather his/her</u> concerns are a factor to be considered by the Committee.
- 3) If home is unoccupied, space must be signed by the property holder-Developer, Bank, etc.
- 4) THE <u>PRINTED</u> NAME AND <u>SIGNATURE</u> MUST BE ON THIS FORM IN THE INDICATED SPACE BELOW.

(RIGHT SIDE) NEIGHBOR'S NAME	SIGNATURE
(RIGHT SIDE) NEIGHBOR'S ADDRESS	LOT #
(LEFT SIDE) NEIGHBOR'S NAME	SIGNATURE
(LEFT SIDE) NEIGHBOR'S ADDRESS	LOT #
(REAR SIDE) NEIGHBOR'S NAME	SIGNATURE
(REAR SIDE) NEIGHBOR'S ADDRESS	LOT #

# PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR REQUEST: (ATTACH ADDITIONAL DRAWINGS TO THIS FORM)

1. Description of improvement.

a. Please describe all improvements in section above and on plans.

- 2. Location of residence on lot and the dimensions from lot lines.
- 3. Complete dimensions of improvement proposed.
  - a. Include position of planters, plants, sprinklers, drains and drainage, and any other items that will be placed on, around or under the ground. This includes both front, rear and side yards.
- 4. Measurements of improvements in relation to residence and lot lines.
- 5. Description of materials and color schemes.

a. The list is to include types of materials (cement, stone, brick, etc.) as well as the surface finish and color. Plants and trees need to be indicated as to their descriptive name (type and size) as well as their location and distance to other references on the property.

6. Drawings to show affected elevations.

a. These are to include footings for walls, patio footings and structure (side and frontal view) showing complete design details.

### <u>I understand and agree</u>:

- 1. Work: No work on this request shall commence until written approval of the Architectural Committee has been received.
- 2. Completion Dates: All improvements approved by the Architectural Committee must be completed within \_\_\_\_\_ (\_\_\_) days after approval; however, in the case of landscaping, no later than \_\_\_\_\_ (\_\_\_) days from the close of escrow, in accordance with the Declarations of Restrictions for the \_\_\_\_\_\_. Failure to complete the work within the prescribed period of time may cause the approval to be rescinded and resubmission may be required. Extenuating circumstances should be brought to the attention of the Architectural Committee.
- 3. That the "Conditions of Approval" Section of the Architectural Standards shall apply to any approval.
- 4. Owner is responsible for obtaining permits required from the City/County and for using licensed contractors for work over \$300.00 per state law.
- 5. Fences: "Fences must be painted white shadow or left in natural wood condition and may not be painted to match stucco, trim or another color. Please initial that you agree to this condition."

Initial

Signature of Owner

Signature of Owner

### DATE RECEIVED:

- 1. Received by \_\_\_\_\_:
- 2. Received by the Architectural Committee:

Date:	
Date:	

# DO NOT WRITE BELOW THIS LINE - FOR ARCHITECTURAL COMMITTEE ONLY

Committee Comments:

- () Approval:
- () Conditions of Approval:
- () Disapproval for the following reasons:
- () Returned to Owner/Applicant for the following items:
- Date: \_\_\_\_\_

IKANSMITTED TO OWNER: Date: Via:	TRANSMITTED TO OWNER:	Date:	Via:
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Revision:	arc ARCHITECTURAL APPLICATION
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