

**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:

FLORA VISTA SUBASSOCIATION
c/o Action Property Management, Inc.
2603 Main Street, Suite 500
Irvine, CA 92614
Fax: (949) 450 – 0303

Date: _____

From: _____

Mailing Address

Home Phone Number

Work Phone Number

Property Address: _____

Tract #: _____ Lot #: _____

Architect, Engineer or Owner's Representative (if applicable):

Name
Phone Number

Address

Note: SUBMIT PLANS AND SPECIFICATIONS IN TRIPLICATE

Proposed: Start Date: _____ Completion Date: _____

BRIEF DESCRIPTION:

EXTERIOR PAINTING:

STUCCO:

FASCIA:

TRIM:

GARAGE DOOR:

SHUTTERS/ENTRY DOOR:

WOODSIDING:

I understand and agree:

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 Failure to complete the work within the prescribed period of time may cause the approval to be rescinded and resubmission may be required.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 _____: Date: _____
2. Received by the Architectural Committee: 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: _____

TRANSMITTED TO OWNER: Date: _____ Via: _____

Revision: _____arc ARCHITECTURAL APPLICATION