

Soleil Aliso Viejo Homeowners Association

ARCHITECTURAL APPLICATION

Please complete this request form and attach three (3) copies of your proposed Improvement plans. The Thirty (30) day review period does not commence until a complete application has been received by the Architectural Control Committee. To assure prompt consideration, review all submittal materials for completeness before sending them to the Architectural Control Committee.

Mail or deliver the application and three (3) sets of plans to the Association's Property Management Company:

Attention: Soleil Aliso Viejo Homeowners Association
Architectural Committee
c/o Professional Community Management, Inc.
23726 Birtcher Drive
Lake Forest, California 92630
FAX 949-859-3729

Please Complete the Following:	
OWNER:	DATE:
MAILING ADDRESS:	
HOME PHONE #	WORK PHONE #
PROPERTY ADDRESS:	

Architect or Contractor: (if applicable)	
NAME:	PHONE #
MAILING ADDRESS:	
CONTRACTOR'S LICENSE #:	INSURANCE CARRIER:

Description of Improvements - please provide a brief description of proposed improvements and attach any brochures you may have:

Anticipated Work Schedule:

Start Date:	Completion Date:
--------------------	-------------------------

Neighborhood Awareness

All Improvements require notification of all neighbors. Such notification shall be by sign-off on the applications provided by the Architectural Committee. The Architectural Committee does not base their decision on your neighbor's agreement. Further, the Committee is not required to deny a set of plans based on the disapproval of affected neighbors. Neighbors who disagree with the proposed Improvement are invited to submit their concerns in writing to the Architectural Committee in care of the Association's property management company.

NEIGHBOR ADDRESS	NAME	DATE	OBJECT ✓	DO NOT OBJECT ✓	SIGNATURE

I UNDERSTAND AND AGREE THAT:

1. No work shall commence until the written approval of the Soleil Architectural Control Committee and the Aliso Viejo Community Association has been received.
2. Building permits for the proposed work may be required and the cost of any permits and the responsibility of obtaining permits and subsequent County inspection will be the responsibility of the undersigned. Architectural Control Committee approval is not intended to be, nor shall be considered a substitute for approval by the necessary and appropriate governmental agencies. The Board has been informed that the County will not issue building permits for any Improvement until the proposed Improvement has been approved by the Architectural Committee.
3. The Architectural Control Committee's approval or disapproval shall be based on the considerations set for in the CC&R's, and the Architectural Control Committee shall not be responsible for reviewing, nor shall its approval of any plan or design be deemed approval of, any plans or design from the standpoint of structural safety, engineering or conformance with building or other codes.
4. I have read this application, the Association's CC&R's, and the Architectural Standards and Procedures, and I understand and agree to the terms and conditions of the Architectural Control Committee's review of my application, plans and specifications, as stated therein.

SIGNATURE OF ALL OWNERS:

OWNER:	DATE:
OWNER:	DATE:

(Please do not write below line. The following to be completed by the Architectural Control Committee only, however, your review of the following may assist you in preparing your application, plans and specifications.)

Receipt of Application

Date of Receipt: _____ Received
by: _____

- (1) If the application and the plans and specifications are complete, the application is deemed complete and submitted on _____(date); proceed to Review of Plans.
- (2) If the plans and specifications are not complete, return application and plans for failure to submit all information. Letter stating information needed sent on _____.

Review of Plans

APPROVED: **DENIED:** **ADDITIONAL INFORMATION NEEDED:**

Comments:

Date: _____ **Signed:** _____

If additional information was requested:

Date of 2nd Review: _____ Signed: _____

Date Application Approved: _____

SUBMITTAL TO MASTER ASSOCIATION:

APPROVED: **DENIED:**

Date: _____ **Signed:** _____