

**SHADOW MOUNTAIN COMMUNITY ASSOCIATION
ARCHITECTURAL IMPROVEMENT APPLICATION**

Date: _____ Lot Number: _____

Homeowner Name: _____

Property Address: _____

Phone No.: (H) _____ (W) _____ Email: _____

Architect or Contractor (If Applicable): _____

Phone No. for Above _____

Proposed Start Date: _____

Proposed Completion Date: _____

Brief Description of Work:

Neighbor Awareness Sign Off of Work to Be Conducted:

Name _____ Address _____

Signature: _____ Date: _____

Name _____ Address _____

Signature: _____ Date: _____

Please read items below and initial next to each:

Initial

Action

- _____ I have included two copies of this completed Architectural Application
- _____ I have included two copies of the drawings/plans depicting the improvement
- _____ I have included all dimensions, colors, materials, and samples of the improvement
- _____ I have obtained signatures from at least two adjoining neighbors
- _____ I am aware that no improvements may be made until I have received written notification/approval from the Design Review Committee.
- _____ I am aware that I have one hundred twenty (120) days to complete this project
- _____ I am aware that I must submit a written Notice of Completion to the Association within thirty (30) days after the completion of the improvement

Do not Write Below – For Committee Use Only

Application is:

- Approved as presented
- Approved upon conditions being met
- Denied and returned to owner with attached reasons
- Returned to Owner with request for more information

Committee Member Signature

Date

Committee Member Signature

Date

Comments/Notes:

SHADOW MOUNTAIN COMMUNITY ASSOCIATION

NOTICE OF COMPLETION

Shadow Mountain Community Association
c/o Avalon Management
31608 Railroad Canyon Road
Canyon Lake, CA 92587

RE: Application for _____

Notice is hereby given that:

The undersigned is the homeowner(s) of the property located at:

(Street Address)

The work of improvement on the described property was COMPLETED ON THE _____ day of _____, 20_____ in accordance with the Architectural Committee's written approval of the above owner's plans and submitted package.

Signature of homeowner: _____ Dated: _____

Architectural Control Committee Signatures:

Member: _____
Print Name Signature Date

Member: _____
Print Name Signature Date

Date of Final Inspection: _____

Property is in: Compliance _____ Non-Compliance _____

Reason(s)

