West Bluff Hills
HOMEOWNERS ASSOCIATION

ARCHITECTURAL APPLICATION

Please complete this application and attach a copy of your proposed property improvements. Incomplete applications will not be considered and will be returned and rejected. To assure prompt consideration, review all submittal materials for completeness before sending them to the Architectural Committee or Board of Directors.

REQUIRED

☒ Completed Architectural Application ❒ Estimated Date of Completion:_____

❒Plans/Schematic of Proposed Improvements ❒ Exterior Elevations (*if applicable*) ❒ Permits (*if applicable*)

MAIL OR DELIVER TO

West Bluff Hills Homeowners Association
c/o Professional Community Management
1921 Palomar Oaks Way #205
Carlsbad, CA 92008

HOMEOWNER INFORMATION

_____ HOME NUMBER:_____
LAST, FIRST NAME (OWNER)

_____ WORK NUMBER:_____
PROPERTY ADDRESS

_____ CELL NUMBER:_____
MAILING ADDRESS (*if different)*: STREET, CITY, STATE, ZIP

_____
EMAIL ADDRESS

ARCHITECT, ENGINEER OR OWNER'S REPRESENTATIVE (if applicable):

_____
LAST, FIRST NAME

_____ PHONE NUMBER:_____
COMPANY NAME

_____
MAILING ADDRESS: STREET, CITY, STATE, ZIP

YOU DO NOT NEED TO COMPLETE NEIGHBOR AWARENESS IF you are installing windows.

PROJECT(S) BEING SUBMITTED: Please check the appropriate box:

_____

_____

_____

_____

_____

DESCRIPTION OF IMPROVEMENTS DESIRED: Please provide full details of type and extent of improvements, colors of materials to be used and location on the property. Attach additional sheets if necessary to ensure a complete description of the improvements.

_____

_____

_____

_____

NEIGHBOR AWARENESS:
The intent is to advise your neighbors who own property adjacent (definition: all homes with adjoining property lines to the lot in question), facing (definition: means the homes mostly directly across the street), or impacted by the improvement to your property line or a unit.

This is not an approval or denial but is simply verification that impacted neighbors are made aware of your application. Neighbor approval or disapproval of a particular improvement shall only be advisory it should not be binding in any way on the Architectural Committee's decision. The attached plans were made available to the following neighbors for review:

NEIGHBOR'S NAME & ADDRESS	PHONE NO.	SIGNATURE
NEIGHBOR'S NAME & ADDRESS	PHONE NO.	SIGNATURE
NEIGHBOR'S NAME & ADDRESS	PHONE NO.	SIGNATURE
NEIGHBOR'S NAME & ADDRESS	PHONE NO.	SIGNATURE

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

1. Location
2. Complete dimensions of improvement proposed.
3. Measurements of improvements
4. Description of materials and color schemes.
5. Drawings

I UNDERSTAND AND AGREE:

1. The above and attached information is complete and accurate to the best of my knowledge. I understand no work shall commence until written approval has been received.
2. Improvement(s) is to be at no cost whatsoever to the Association. Any further maintenance, repairs or damage related to, or caused by this improvement shall be the responsibility of the owner, heirs or assigns.
3. Any deviation from the approved plans and specifications outlined in the application shall not commence without subsequent approval from the Architectural Control Committee. Failure to obtain such subsequent approval will nullify the approval of the Architectural Control Committee and said improvements shall be deemed to have been undertaken without the Committee's approval.
4. Final product may be inspected for conformity to application. Applicant agrees to allow the Architectural Committee or Board of Directors access for such inspection.
5. I understand that my proposed improvements may require a permit from the City/County Building Department or other government agencies and I will obtain all required permits before commencing any work.
6. I will assume the responsibility for any work under the above-proposed improvement that my contractor or I complete which may, in the future, adversely affect adjacent properties or common area.
7. I will assume responsibility for all future maintenance of this addition or improvement.
8. I agree to complete all improvements and maintain my lot in accordance with my approved plans and the CC&R's for my Association.
9. I understand neighborhood objections do not in themselves cause denial. However, the Architectural Committee will contact the neighbors to determine their objection and their appropriateness, if necessary.

SIGNATURE:_____ DATE:_____

OWNER (authorization of representative must be attached)

West Bluff Hills
HOMEOWNERS ASSOCIATION

NOTICE OF COMPLETION

Notice is hereby giving up the undersigned is the Owner.

OWNER INFORMATION

_____HOME NUMBER:_____
LAST, FIRST NAME (OWNER)

_____WORK NUMBER:_____
PROPERTY ADDRESS

_____CELL NUMBER:_____
MAILING ADDRESS (*if different)*: STREET, CITY, STATE, ZIP

_____
EMAIL ADDRESS

The work of improvement on the described property was completed on _____ day of_____ 20_____, in accordance with the West Bluff Hills Homeowners Association architectural committee is written approval through the above Owners plans and submitted package.

SIGNATURE:_____DATE:_____
OWNER 'S

SIGNATURE:_____DATE:_____
OWNER 'S

SIGNATURE:_____DATE:_____
ARCHITECTURAL COMMITTEE

❒INSPECTION APPROVED
❒INSPECTION APPROVED with the following conditions

_____

_____

❒DISAPPROVED, for the following reasons:

_____

_____

MAIL COMPLETION NOTICE TO

West Bluff Hills Homeowners Association
c/o Professional Community Management
1921 Palomar Oaks Way #205
Carlsbad, CA 92008

DO NOT COMPLETE -- ARCHITECTURAL REVIEW COMMITTEE ONLY

COMMITTEE COMMENTS OR CORRECTIONS:

- ❒ Approved
- ❒ Approved with Conditions

_____

_____

_____

- ❒ Disapproved & Why

_____

_____

_____

COMMITTEE/BOARD OF DIRECTORS SIGNATURE(S):

Signature	Printed Name & Position	Date
Signature	Printed Name & Position	Date
Signature	Printed Name & Position	Date
Signature	Printed Name & Position	Date
Signature	Printed Name & Position	Date
Signature	Printed Name & Position	Date
Signature	Printed Name & Position	Date