

THE VILLAS COMMUNITY ASSOCIATION

ARCHITECTURAL CONTROL COMMITTEE MODIFICATION FORM

(Please Print Clearly and Submit Original and 2 Copies)

Homeowner's Name *(please print)*

Property Address

Mailing Address *(if different than property address)*

Home Phone: _____ Work Phone: _____ Email: _____

Forecast Start Date (after approval): _____ Forecast Completion Date: _____

DESCRIPTION OF PROJECT:

LOCATION OF PROJECT:

Front Right Side (From Street)
 Rear Interior
 Left Side (From Street)

CHECK ALL THAT APPLY FOR THIS PROJECT:

<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Extension	<input type="checkbox"/> Lighting	<input type="checkbox"/> Room Addition
<input type="checkbox"/> Awnings	<input type="checkbox"/> Fence/Wall	<input type="checkbox"/> Painting	<input type="checkbox"/> Screen Door
<input type="checkbox"/> Basketball Backstop	<input type="checkbox"/> Garage Door	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Spa
<input type="checkbox"/> Children's Fort	<input type="checkbox"/> Gazebo	<input type="checkbox"/> Playhouse	<input type="checkbox"/> Other _____
<input type="checkbox"/> Deck/Balcony	<input type="checkbox"/> Green House	<input type="checkbox"/> Pool	
<input type="checkbox"/> Doors	<input type="checkbox"/> Hardscape	<input type="checkbox"/> Rain Gutters	
<input type="checkbox"/> Drains	<input type="checkbox"/> Landscape	<input type="checkbox"/> Roof	

PLEASE FILL IN DETAILS BELOW IF NOT SHOWN ON PLANS:

Type of materials to be used: _____

Type of wood surfaces: _____

Color Scheme: _____

City of Irvine Building Permits Attached? YES _____ NO _____ Comments: _____

Impacted Neighbor Statement Attached? YES _____ NO _____ Comments: _____

Are all existing modifications shown on plans? YES _____ NO _____ Comments: _____

Three Copies Attached? YES _____ NO _____ Comments: _____

Note: Plans that are approved are not to be considered authorization to change the drainage plan as installed by the developer and approved by the City of Irvine. The review is intended to consider aesthetic appearance of the drains, pipes and coring and other applicable aspects of drainage. If plans denied or modified a new Impacted Neighbor Statements must be submitted.

Owner may also need to acquire approval from the City of Irvine for permission to encroach within City easement. Furthermore, owner is responsible to comply with all building codes and laws for proposed modifications.

**THE VILLAS COMMUNITY ASSOCIATION
ARCHITECTURAL CONTROL COMMITTEE MODIFICATION FORM**

Home Modification Disclaimer Statement

I/we certify that I/we have read and understand all pertinent sections of the Association's applicable CC&Rs and the Architectural Guidelines/Rules & Regulations. I/we believe that the information on this application, including the plans and any other attachments are accurate and complete. I/we understand that I/we are responsible for the actions of our contractors.

I/we understand that the Association will inspect the modification during and after construction to verify conformance with the approval. I/we understand and agree that any failure to complete the modification in accordance with the approved application, plans, and schedule may result in reconstruction at my/our expense, forfeiture of deposits, additional fines, and future action by the Association, as deemed appropriate by the Association.

Property Owner's Signature

Date

FOR ARCHITECTURAL COMMITTEE/BOARD OF DIRECTORS USE

The Architectural Application is:

_____ APPROVED as submitted

_____ APPROVED with the following changes and/or conditions: _____

_____ DENIED for the following reason(s): _____

_____ DENIED Incomplete Submission. Resubmit to include: _____

Architectural Consultant Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

WORK SHALL NOT COMMENCE WITHOUT RETURN RECEIPT OF THIS APPLICATION WITH ARCHITECTURAL COMMITTEE MEMBER SIGNATURES. FAILURE TO OBTAIN WRITTEN APPROVAL PRIOR TO COMMENCING WORK MAY RESULT IN A FINE AND THE COST TO RESTORE TO ORIGINAL CONDITION.

MAIL COMPLETED APPLICATION TO:

Optimum Professional Property Management, Inc. (ACMF)
Accredited Community Management Firm
230 Commerce, Suite 250
Irvine, CA 92602

THE VILLAS COMMUNITY ASSOCIATION
Facing, Adjacent and Impacted Neighbor Statement

The attached plans were made available to the following for review:

(DATE RECEIVED STAMP)

FACING NEIGHBOR:

Name	Address	Signature	Date
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FACING NEIGHBOR:

Name	Address	Signature	Date
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ADJACENT NEIGHBOR:

Name	Address	Signature	Date
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ADJACENT NEIGHBOR:

Name	Address	Signature	Date
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IMPACTED NEIGHBOR:

Name	Address	Signature	Date
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IMPACTED NEIGHBOR:

Name	Address	Signature	Date
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The above neighbors have seen the plans being submitted to the Architectural Committee for review. I understand that neighbor objections do not in themselves cause denial. However, the Architectural Committee may contact neighbors to review their comments, if necessary.

SUBMITTED BY:

Homeowners Name *(please print)*

Homeowners Signature

Property Address *(please print)*

Date

THIS STATEMENT MUST BE SUBMITTED TO THE ARCHITECTURAL COMMITTEE WITH THE COMPLETED REQUEST FOR MODIFICATION AND PLAN.

**THE VILLAS COMMUNITY ASSOCIATION
Re-Paint Application**

(Must submit original and 2 copies with color samples attached to each form)

Homeowner Name _____ Signature _____

Property Address _____

Mailing Address (if different than property) _____

Home Phone _____ Work Phone _____

Email _____

PROPOSED COLORS

STUCCO	Attach Color Sample
Paint Manufacturer:	
Color Name and Number	

TRIM	Attach Color Sample
Must specify each wood trim area to be painted. Attach additional sheets/forms if necessary.	
Trim Area _____	Color & Number _____
Trim Area _____	Color & Number _____
Trim Area _____	Color & Number _____
Trim Area _____	Color & Number _____

ACCENT	Attach Color Sample
Must specify each accent wood area to be painted. Attach additional sheets/forms if necessary.	
Accent Area _____	Color & Number _____
Accent Area _____	Color & Number _____
Accent Area _____	Color & Number _____
Accent Area _____	Color & Number _____

OTHER	Attach Color Sample
Location _____	

PROPOSED COLORS

Architectural Consultant Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

WORK SHALL NOT COMMENCE WITHOUT RETURN RECEIPT OF THIS APPLICATION WITH ARCHITECTURAL COMMITTEE MEMBER SIGNATURES. FAILURE TO OBTAIN WRITTEN APPROVAL PRIOR TO COMMENCING WORK MAY RESULT IN A FINE AND THE COST TO RESTORE TO ORIGINAL CONDITION.

THE VILLAS COMMUNITY ASSOCIATION

SATELLITE DISH INSTALLATION FORM

Homeowner's Name (*please print*)

Property Address

Mailing Address (*if different than property address*)

This is to acknowledge that I understand and agree that the satellite dish that I am having installed will meet the following requirements:

- May not be installed on any Common Area component, except as noted herein.
- Upon written approval from the Association, may be installed on Common Area flat roofs.
 - If mounted on the flat roof, a walking pad shall be placed on the gravel surface under a metal tray or sled which has the satellite attached to it.
 - The tray or sled must then be placed on the roof with 4 to 6 cinder blocks used as a ballast to hold the disk in place.
 - There shall be NO penetrations through the roof.
- May not be installed on a wall that houses a unit owned by another homeowner.
- May be installed within a patio or atrium, or on a flat roof as described above, under the following conditions:
 - The satellite dish shall be installed so that it cannot be seen from the sidewalks.
 - When possible, the dish shall be installed so it may not be seen from other homes.
 - All cables should be unobtrusive and concealed as best as possible.
 - The satellite dish, cable, mounting hardware or brackets cannot be placed on other homeowners' units and may not penetrate any surface maintained by the Association.
- If installed in a manner inconsistent with these Rules, the Owner shall be subject to fines and the cost of removal of the satellite dish and cables (including restoration of the building surface) after appropriate due process procedures have been pursued
- The Owner shall be responsible for the cost of any damage in the community caused by the satellite dish.

Property Owner's Signature

Date