

VISTA PARK VILLAS CONDOMINIUM ASSOCIATION

ARCHITECTURAL REQUEST FORM

(MUST BE SUBMITTED FOR APPROVAL BEFORE ANY WORK CAN BEGIN)

OWNERS NAME: _____ LOT #: _____

ADDRESS: _____

PHONE #: () _____ () _____
HOME WORK/FAX

DESCRIPTION OF PROPOSED IMPROVEMENT:

PROPOSED: START DATE _____ COMPLETION DATE _____

Please enclose sketches and/or detailed plans/specifications that provide the following information:

1. Complete measurements/dimensions of proposed improvement.
2. Materials to be used & color if applicable
3. Drawing(s) showing affected elevations (patio covers, gates, etc.).

Any City Ordinances and/or Building Code requirements regarding this architectural request is strictly between the homeowner and these regulating bodies. Approval of this request **does not** imply that the Association's acceptance is based upon the above mentioned regulations. It is your responsibility to contact these regulating bodies before any work can begin.

Your request must be reviewed by the Architectural Committee, as well as, the Board of Directors. You will be given a decision within **thirty (30)** days from receiving this application, along with all plans, specifications and any other data required by the Committee/Board.

1. OWNER understands that ASSOCIATION shall NOT provide insurance coverage with respect to the approved alteration, and OWNER agrees to provide for all the necessary coverages.
2. OWNER, agrees to hold the ASSOCIATION harmless from any loss incurred in connection with the construction or maintenance of the herein-approved alteration.
3. Construction of the herein-approved alteration shall be pursued diligently and completed no more than ninety (90) days from the date the work begins.
4. OWNER agrees to be responsible for and to pay for any damage and/or leaks that are caused by the installation of the modification/alteration.
5. OWNER agrees to be responsible for any and all damage resulting to common area and/or drainage from installation of the modification/alteration.
6. OWNER agrees to hold ASSOCIATION harmless from any and all claims arising from the modification/alteration.

Date _____ Applicant Signature _____
Co-Applicant Signature _____

REQUIRED SIGNATURES, If Applicable

ADJACENT/AFFECTED NEIGHBORS: _____

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Architectural Committee Recommendation

☐ **Unconditional Approval**

☐ **Conditional Approval** (as follows):

☐ **Disapproval** (for the following reasons):

Date: _____ Signature: _____
Committee Chair

Date: _____ Signature: _____
Board Member

RETURN TO:

Vista Park Villas HOA
C/O GRG Management
P O Box 1186
Carlsbad, 92018-1186