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*Seagate Village Community Homeowners Association*  
c/o CHAMPS, a Division of AAM, LLC  
3520 Seagate Way • Suite 100  
Oceanside, California 92056-2681  
(760)603-0501 • FAX (760)603-0505

**REQUEST FOR ARCHITECTURAL COMMITTEE APPROVAL**

UNIT ADDRESS: \_\_\_\_\_ UNIT NO: \_\_\_\_\_  
HOMEOWNER: \_\_\_\_\_ DATE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_  
MODIFICATION: \_\_\_\_\_

If additional space is needed, please use a separate sheet of paper.

The Architectural Committee is hereby advised that the following work is proposed and approval is requested. It is our understanding that building permits for home improvements are required by the City of Encinitas and that the cost of permits, the responsibility for obtaining the permits, and subsequent inspections of modifications done will be the responsibility of the applicant. Attached are the following items:

- 1. Plans and specifications including drawing or blueprints of the work to be done.
- 2. Neighbor Impact form.
- 3. Approximate start and completion dates.

We acknowledge that all approved changes will be at our expense, as well as any damage to or relocation of existing sprinkler system, underground utilities, building structures, and exterior improvements. We acknowledge that the above requested modification must begin within 6 months of the approval date or this architectural request approval will be void and a new request must be submitted and approved. In addition, we acknowledge if any changes are made to the original approved plans, a new architectural request form must be submitted and approved.

Signature(s) of all owners: \_\_\_\_\_  
\_\_\_\_\_

It is the goal of the Seagate Village Architectural Committee to support and facilitate the homeowners in the maintenance and improvement of the homes in our community.

The above request has been reviewed by the Architectural Committee and has been:

APPROVED ( )      REJECTED ( )      PENDING FURTHER INFORMATION ( )

Comments: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Completed work inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

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## Home Improvement Form Impacted/Adjacent Neighbor Statement

Homeowner Name:			
Property Street Address:			Lot #:
Mailing Address:		Email Address:	
Home Phone:		Daytime Phone:	
The neighbors listed below have seen the plans I am submitting for architectural project approval. My neighbor's approval does not guarantee approval by the Architectural Committee or the Board of Directors.			
<b>IMPACTED NEIGHBOR:</b>			
Name	Address	Lot#	Phone #
Signature			
Please Check One: Agree _____ Disagree _____			
<b>IMPACTED NEIGHBOR:</b>			
Name	Address	Lot#	Phone #
Signature			
Pleased Check One: Agree _____ Disagree _____			
<b>ADJACENT NEIGHBOR:</b>			
Name	Address	Lot#	Phone #
Signature			
Please Check One: Agree _____ Disagree _____			
<b>ADJACENT NEIGHBOR:</b>			
Name	Address	Lot#	Phone #
Signature			
Please Check One: Agree _____ Disagree _____			

Please forward to Seagate Village Community Homeowners Association  
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