

ASPEN CREEK HOMEOWNERS ASSOCIATION
c/o TSG Independent Property Management, Inc.
27129 Calle Arroyo, Ste. 1802 San Juan Capistrano, CA 92675
(949) 481-0555 Phone (949) 481-0556 Fax
ARCHITECTURAL APPLICATION – MISCELLANEOUS IMPROVEMENTS

OWNER INFORMATION: Applications for improvement must be approved by the Master Association prior to submitting this application to the Aspen Creek HOA for review.

Property Owner: _____

Property Address: _____

Phone Numbers: _____
Home Work/Cell

Mailing Address: _____

IMPROVEMENT SPECIFICATIONS:

- | | |
|--|--|
| <input type="checkbox"/> Tree Removal/Replacement | Tree Being Removed: _____ |
| Tree Being Planted: | _____ |
| Height at Maturity: | _____ |
| Location of Tree: | _____ |
| | Note location on plot map of property |
| <input type="checkbox"/> Garage Door Replacement | Must include a picture of the door you wish to install. |
| <input type="checkbox"/> Addition of Screen or Security Door | Must include a picture of door you wish to install. |
| <input type="checkbox"/> Addition of Exterior Lights | Must include plot map of location of lights.
Must include picture of type of lights you wish to install. |
| <input type="checkbox"/> Satellite Dish | Must be screened from any public or private street.
Use Plot Map to note location of dish. |
| <input type="checkbox"/> Fence | Must note material, color, and dimensions.
Use Plot Map to note location of fence |
| <input type="checkbox"/> Windows | Must note material, color, and dimensions |
| <input type="checkbox"/> Other | You must give specific detail about the improvement;
dimensions, color, material, and location on property. |

Property Address: _____

NEIGHBOR AWARENESS:

Your signature indicates that you are aware of the modifications that your neighbor is planning on making. If you have any concerns or objections to the plans, you may submit them in writing to the Management Company.

FACING NEIGHBOR

Name: _____

Address: _____

Phone: _____

Signature: _____

ADJACENT NEIGHBOR 1

Name: _____

Address: _____

Phone: _____

Signature: _____

ADJACENT NEIGHBOR 2

Name: _____

Address: _____

Phone: _____

Signature: _____

IMPACTED NEIGHBOR

Name: _____

Address: _____

Phone: _____

Signature: _____

I UNDERSTAND AND AGREE:

_____ No work on this request shall commence until written approval of the Association has been received. I UNDERSTAND DAILY FINES MAY BE ASSESSED TO MY ACCOUNT IF I FAIL TO FOLLOW THIS GUIDELINE.

_____ All improvements approved by the Association must be completed within one hundred twenty (120) days after approval. Failure to complete the work with the prescribed period of time will cause the approval to be AUTOMATICALLY rescinded and RESUBMISSION WILL BE REQUIRED. Extenuating circumstances should be brought to the attention of the Architectural Committee/Board of Directors via the Management Company.

_____ I understand this does not take the place of obtaining any required local, county, and/or state approvals for this improvement.

_____ The neighbors have reviewed the plans I am submitting for Architectural Approval. I understand neighbor objections do not, in themselves, cause denial. However, the Association may contact the neighbors to determine if their objections are applicable, if necessary.

Submitted By:

Name: _____
Print Name Signature

Property Address: _____ Phone: _____

Date: _____

