

ASPEN CREEK COMMUNITY ASSOCIATION

C/O: TSG Independent Property Management, Inc.

27129 Calle Arroyo, Ste. 1802, San Juan Capistrano, CA 92675

Office: (949) 481-0555 / Email: general@tsgindependent.com (Correspondence Only-No Applications)

ARCHITECTURAL APPLICATION - LANDSCAPE IMPROVEMENTS

****Application MUST be received 1 week prior to meeting or will not be approved until following month****

FAILURE TO OBTAIN THE PRIOR APPROVAL OF THE ARCHITECTURAL REVIEW COMMITTEE CONSTITUTES A VIOLATION OF THE CC&R'S AND MAY REQUIRE MODIFICATION OR REMOVAL OF UNAUTHORIZED WORK OR IMPROVEMENTS AT YOUR EXPENSE

OWNER INFORMATION: *Applications for improvements must be Approved by the Aspen Creek C.A. first before submitting this approved Architectural Application to the Master Association for review.*

Property Owner: _____

Property Address: _____

Phone Numbers: _____
Home Cell / Work

Email Address: _____

Mailing Address: _____
(If Different from above)

LANDSCAPE IMPROVEMENT SPECIFICATIONS: *Yard Picture Before Work REQUIRED!

***Incomplete Applications / Missing Info** could create a month(s) delay & requires resubmission of Completed Application *Before* it can be Approved. Review timelines will not commence until and unless a complete application is received.

***MUST Submit Original + 2 Copies or Cannot Be Processed! Hard Copies Only, NO Emails.**

MUST Include: Sketch of Plans with Dimensions & Plot Locations & Legend with Symbols for All Mat'l & Plants

MUST Include: COLOR PICTURES of Plants & Mat'l. & List: Plant Names, Plant/Material Color & Full Growth Size.

(*Website Links Helpful*) *Some Improvements may Require Onsite Meeting/Attending ARC Mtg. &/or Samples Supplied.

Circle Yes or No Below:

◆ Turf Removal: Y or N

◆ Adding to Existing Landscape: Y or N

◆ Artificial Turf Installation: Y or N

() Turf Mfr-Style/Color/Name (*Pile Ht. 1.75"-2.00"Min.*): _____

◆ Pavers / Rock Installation: Y or N

◆ Desert Landscape Installation: Y or N

◆ Re-Landscaping Front Yard: Y or N

◆ Natural Turf Installation: Y or N

***TURF SAMPLE, SPECS, CERTIFICATE Required!!** *Website(s): SyntheticGrassWarehouse.com or SimpleTurf.com

() **Trees:** Removing / Replacing/ Adding (Circle): Include: •Tree Name(s) •Height & Width at Maturity •Location on Sketch

Tree(s) Removing: _____

Tree(s) Adding: _____

***MUST* Include Color Picture of Tree(s) & Note Mat'l on Plot Map/Sketch with Legend for Corresponding #/Symbols**

() **Plants:** MUST Include: • Pictures • Plant Name(s) •Color •Maturity Ht&Width (1-2' from Sidewalk) ◆ **USE PLANT LEGEND** ◆

***MUST*Include Color Pics of Each Plant(s)/LABEL on SKETCH/Plot Map with PLANT LEGEND & Corresponding #/Symbols**

() **Rock / Mulch / Plant Ground Cover** (Circle): Include: • Color • Size • Picture • Name • Type ◆ **USE PLANT LEGEND** ◆

Front Lawn: Front Yard Cannot be Only Mulch or Rock. Requires Ample Plants/Trees/Material in design & a decorative theme with earth tone colors or colors blending with homes colors. *NO Gravel, Decomposed Granite, or Stepping Stones. *Use WeedBlock Matl

() **Decorative - Interlocking Pavers / Driveway & Sidewalk Extensions / Borders:** *Include Color Pictures*

MUST Include: •Sketch •Color •Pattern •Dimensions •Base Specs *Pavers on Sides of Driveway &/or Cement Border Pieces must be Permanent (Cemented) &/or Base Installed per Mfr. Specs. *NO Parking on Extensions, they are an enhancement not part of driveway.

() **Additional Material Not Listed Above:** Include: •Name •Type •Color •Size *No Stepping Stones Allowed

****MUST** Include Color Picture(s) of All Mat'l & Note on Plot Map with Legend for Symbols. *Give Specific Details**

Property Address: _____

NEIGHBOR AWARENESS: *(Surrounding/Not Just Impacted Neighbors)*

***3 Signatures Minimum Required and Must be Property Owners Signatures or application will not be processed.**

Your signature indicates that you are aware of the modifications/construction that your neighbor is planning on making. If you have any concerns or objections to these plans, you may submit them in writing to the Management Company at the email or mailing address listed on the front page of this application. Note that owners do not have authority to consent to or deny an application or change. This form is for notification and awareness purposes only. While an owner may object in writing, that objection is not determinative and may only be considered by the Board in reviewing the application.

FACING NEIGHBOR

IMPACTED NEIGHBOR

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Signature: _____

Signature: _____

ADJACENT NEIGHBOR 1

ADJACENT NEIGHBOR 2

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Signature: _____

Signature: _____

Comments: _____

I UNDERSTAND AND I AGREE: *(Homeowner Must Initial Below)*

_____ **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 within 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 in writing via the Management Company.

_____ I understand this application does not take the place of obtaining any required local city, county, and/or state approvals or permits for these improvements. All city, county or other governmental approvals /permits must also be obtained.

_____ The neighbors are aware of construction and 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 Date

Property Address: _____

Phone: _____ Email: _____

Property Address: _____

TO BE COMPLETED BY THE BOARD OF DIRECTORS ONLY:

ASSOCIATION APPROVAL AND COMMENTS:

Approved with No Conditions

Approved with Conditions

Comments/Conditions: _____

Denied

Reason: _____

Need More Information Prior to Approval

Information Needed: _____

Resubmit Application with Requested Information

ASSOCIATION SIGNATURES: *(Two Signatures Required)*

Signature

Date

Signature

Date

Inspection After Completion of Improvements

Comments: _____

Onsite Meeting before Final Approval: _____

Inspector's Signature: _____ Date: _____

