ASPEN CREEK HOMEOWNERS ASSOCIATION
C/O: TSG Independent Property Management, Inc.
27129 Calle Arroyo, Ste. 1802, San Juan Capistrano, CA 92675
Office: (949) 481-0555 *Fax: (949) 481-0556 *Email: general@tsgindependent.com

ARCHITECTURAL APPLICATION - MISCELLANEOUS IMPROVEMENTS

OWNER INFORMATION: *Applications for improvements must be Approved by the Aspen Creek HOA first before submitting this 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) _____

IMPROVEMENT SPECIFICATIONS:

Incomplete Applications could create a month(s) delay & require resubmission of Completed Application Before can be Approved. *MUST Submit in Triplicate (Original + 2 Copies) or Cannot Be Processed! *Hard Copies Only, No Emails. **Must Include: Color, Material, Sketch with Dimensions & Plot Location & Picture & Type. If Applicable.

( ) Tree Removal / Replacement / Adding (*Circle): *Must Include Picture of Tree Planting*

- **Type of Tree Being Removed:** _____
- **Type of Tree Being Planted:** _____
- **Height & Width at Maturity:** _____
- **Location of Tree on Property:** _____

Use Plot Map of Property to Note Location(s).

( ) Garage Door Replacement
Color: _____
Material: _____
Must include material, color, dimensions, sketch and a ***picture/brochure*** of the design of the garage door you wish to install.
Location (Circle): Main Garage Entrance / Side Door.

( ) Fence / Wall / Gate*: (Circle)*
Color: _____
Material: _____
Must include material, color, dimensions, ***sketch*** and a ***picture/brochure*** of the design of the fence, wall, and/or gate you wish to install.
Use Plot Map to note location of fence/wall/gate.

( ) Window(s) / Slider(s)
Color: _____
Material: Vinyl / Wood / _____
Must include material, color, dimensions, sketch and a picture/brochure of the design of the window(s) and/or slider(s) you wish to install.
Use Plot Map to note location(s) of window(s) and/or slider(s).

( ) Addition of Screen or Security Door
Must include material, color, dimensions, sketch and a picture/brochure of the design of the screen and/or security door you wish to install.
Use Plot Map to note location of screen and/or security door.

( ) Addition of Exterior Lights
Color: _____
Must include material, color, dimensions, sketch and a picture/brochure of the design of the lighting you wish to install.
Use Plot Map to note location of lighting.

( ) Satellite Dish
Must be screened from any public or private street. No visible wires.
Use Plot Map to note location of dish.

( ) Other: (*List Type Below)*
_____
_____
You must give ***specific*** details about the improvement(s):
Must include material, color, dimensions, sketch and a picture/brochure of the design for the improvements you wish to make.
Use Plot Map to note location of improvement(s).

Property Address: _____

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

3 Signatures are 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.

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: _____

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 via the Management Company.

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

_____ 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: _____

_____

_____

ASSOCIATION SIGNATURES: ***(Two Signatures Required)***

_____ _____

Signature **Date**

_____ _____

Signature **Date**