## ARCHITECTURAL IMPROVEMENT FORM PARKSIDE PLACE HOMEOWNERS ASSOCIATION

Please complete and include this request form, along with two (2) sets of your proposed improvement plans to the following:

Parkside Place Homeowners Association C/o TSG Independent Property Management 27129 Calle Arroyo, Suite 1802 San Juan Capistrano, CA 92675

DATE:	_			
NAME:	PHONE:			
ADDRESS:	LOT:			
PROPOSED START DATE:	PROPOSED COMPLETION DATE:			
4. Description of materials and confidence of the suggest you read carefully, Sectionally, Secti	provements tectural improvement proposed. ts in relationship to home and lot line. plor scheme			
ARCHITECTURAL CONTROL COMMITTEE				
_	DENIED:			
Date:Signa	nture-Architectural Control Committee			

**Signature-Architectural Control Committee** 

## PARKSIDE PLACE HOMEOWNERS ASSOCIATION BOARD OF DIRECTORS APPEAL

Request the Architectural Com upcoming Board of Directors m	mittee to place your appeal on the agenda of an neeting.
Date submitted to the Board:	ApprovedDenied
Reason for Approval/Disapprov	/al
Date:	nature - Board of Director

THIS APPROVAL DOES NOT RELIEVE APPLICANT FROM OBTAINING THE NECESSARY BUILDING PERMITS FROM THE GOVERNMENTAL AGENCIES INVOLVED. ALSO, OBTAINING SUCH PERMITS DOES NOT WAIVE THE NEED FOR ASSOCIATON ARCHITECTURAL CONTROL APPROVAL. THIS REQUEST MUST BE SUBMITTED IN DUPLICATE. ONE COPY EACH TO: BOARD OF DIRECTORS AND APPLICANT.

## PARKSIDE PLACE HOMEOWNERS ASSOCIATION NEIGHBOR AWARENESS FORM FACING ADJACENT AND IMPACTED NEIGHBOR STATEMENT

Consents obtained without objections; except as noted.

FACING NEIGHBO	<u> </u>				
Name:(signature)				(print)	
Address:			Phone:		
Objection: YES	_ NO	Notes:			
ADJACENT NEIGHBÓR 1	<u>[</u>				
Name:					
(signature)				(print)	
Address:			Phone:		
Objection: YES	NO	Notes:			
ADJACENT NEIGHBOR 2	}				
Name:					
(signature)				(print)	
Address:			Phone:		
Objection: YES	_ NO	Notes:			
MPACTED NEIGHBOR					
Name:				. = .	
(signature)				(print)	
Address:			Phone:		
Objection: YES	NO	Notes:			
The neighbors have review not, in themselves, cause o objections are applicable, i	denial. Howeve				
Submitted By:					
Name:			,	· · · · · · · · · · · · · · · · · · ·	
(signature)			(print)		
Address:		Pho	one:		

## PARKSIDE PLACE HOMEOWNERS ASSOCIATION NOTICE OF COMPLETION

Notice is hereby given that:			
The undersigned is the Owner	of the Residence located at		
Street Number :			
City:	Zip Code:		
COMPLETED on day	on the above described Residence was of, 200_ in accordance with written approval through the above Owner's		
Name of Owner:			
Signature of Owner:	·		
Date:			