

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 - MISCELLANEOUS IMPROVEMENTS

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

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)

IMPROVEMENT SPECIFICATIONS:

***Incomplete Applications/Spec 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 in Triplicate (Original + 2 Copies) or Cannot Be Processed! Hard Copies Only, NO Emails MUST Include: Sketch of Plans with Dimensions & Plot Locations & Include: Color, Material, & Picture & Type of improvement.**

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

- 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 & sketch of style.

() 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 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: _____