

Casa De Oaks Homeowners Association ARCHITECTURAL REQUEST FORM

I. Owner Information

NAME OF OWNER _____ DATE _____

PROPERTY ADDRESS _____

DAY PHONE _____ HOME PHONE _____

II. **PROPOSED IMPROVEMENT** (Include drawings, brochures and color chips, as applicable.
Be as detailed as possible) _____

PROPOSED START DATE _____

EXPECTED COMPLETION DATE _____

Submit any additional information (including dimensions, materials to be used, paint chips, color, distances to property lines, and elevation of improvements relative to existing dwelling.

1. This form is not a substitute for any permits required by the city, county or state.
2. All work is subject to inspection by the HOA.
3. Provide two (2) complete sets of application and materials. One will be returned.

Owners' Signature _____ Date _____

NOTE: PLEASE TAKE THE TIME TO INCLUDE ALL THE REQUIRED INFORMATION.
PARTIALLY COMPLETED REQUESTS WILL BE RETURNED, CAUSING DELAYS IN
PROCESSING.

Send by Mail/In Person:

Casa De Oaks Homeowners Association
c/o Concord Consulting & Association Services, Inc.
888 W. Ventura Blvd. Suite C
Camarillo, CA 93010

Send by Fax:

805-445-1373

Send by Email:

dearconcord@concordconsulting.net

ARCHITECTURAL CONTROL COMMITTEE

Approved: _____ Disapproved: _____ Date: _____

Conditions of Approval/Reasons for Disapproval: _____

Signature: _____ Date: _____