

**CANTADA COMMUNITY ASSOCIATION
ARCHITECTURAL CONTROL COMMITTEE MODIFICATION FORM**

(Please Print Clearly and Submit Original and 2 Copies)

(date received stamp)

Homeowner's Name *(please print)*

Property Address

Mailing Address *(if different than property address)*

Home Phone: _____ Work Phone: _____ Email: _____

Forecast Start Date (after approval): _____ Forecast Completion Date: _____

DESCRIPTION OF PROJECT: _____

LOCATION OF PROJECT:

- Front
- Rear
- Left Side (From Street)
- Right Side (From Street)
- Interior

CHECK ALL THAT APPLY FOR THIS PROJECT:

- | | | |
|-----------------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Garage Doors | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Rain Gutters |
| <input type="checkbox"/> Basketball Backstop | <input type="checkbox"/> Green House | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Children's Fort | <input type="checkbox"/> Hardscape | <input type="checkbox"/> Room Addition |
| <input type="checkbox"/> Deck / Balcony | <input type="checkbox"/> Landscape | <input type="checkbox"/> Screen Door |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Lighting | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Drains | <input type="checkbox"/> Painting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Extension | <input type="checkbox"/> Patio Cover | |
| <input type="checkbox"/> Fence/Wall/Retaining | <input type="checkbox"/> Playhouse | |

PLEASE FILL IN DETAILS BELOW IF NOT SHOWN ON PLANS:

Type of materials to be used: _____

Type of wood surfaces: _____

Color Scheme: _____

City of Tustin Building Permits attached? **YES** _____ **NO** _____ Comments: _____

Impacted Neighbor Statement Attached? **YES** _____ **NO** _____ Comments: _____

Are all existing modifications shown on Plans? **YES** _____ **NO** _____ Comments: _____

Three Copies Attached? **YES** _____ **NO** _____ Comments: _____

Note: Plans that are approved are not to be considered authorization to change the drainage plan as installed by the developer and approved by the City of Tustin. The review is intended to consider aesthetic appearance of the drains, pipes and coring and other applicable aspects of drainage. If plans denied or modified a new Impacted Neighbor Statements must be submitted.

Owner may also need to acquire approval from the City of Tustin for permission to encroach within City easement. Furthermore, owner is responsible to comply with all building codes and laws for proposed modifications.

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ARCHITECTURAL CONTROL COMMITTEE MODIFICATION FORM**

Home Modification Disclaimer Statement

I/we certify that I/we have read and understand all pertinent sections of the Association's applicable CC&R's and the Architectural Guidelines/Rules & Regulations. I/we believe that the information on this application, including the plans and any other attachments are accurate and complete. I/we understand that I/we are responsible for the actions of our contractors.

I/We understand that the Association will inspect the modification during and after construction to verify conformance with the approval. I/We understand and agree that any failure to complete the modification in accordance with the approved application, plans, and schedule may result in reconstruction at my/our expense, forfeiture of deposits, additional fines, and future action by the Association, as deemed appropriate by the Association.

Property Owner's Signature

Date

FOR ARCHITECTURAL COMMITTEE/BOARD OF DIRECTORS USE

The Architectural Application is:

- _____ APPROVED as submitted
_____ APPROVED with the following changes and/or conditions: _____
_____ DENIED for the following reason(s): _____
_____ DENIED Incomplete Submission. Resubmit to include: _____

Architectural Consultant Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

Architectural Committee Member Signature: _____ Date: _____

WORK SHALL NOT COMMENCE WITHOUT RETURN RECEIPT OF THIS APPLICATION WITH ARCHITECTURAL COMMITTEE MEMBER SIGNATURES. FAILURE TO OBTAIN WRITTEN APPROVAL PRIOR TO COMMENCING WORK MAY RESULT IN A FINE AND THE COST TO RESTORE TO ORIGINAL CONDITION.

MAIL COMPLETED APPLICATION TO:

Optimum Property Management, Inc. (ACMF)
Accredited Community Management Firm
230 Commerce, Suite 250
Irvine, CA 92602

Cantada Community Association
Re-Paint Application
(Must submit original and 2 copies with color samples attached to each form)

Homeowner Name _____ Signature _____

Property Address _____

Mailing Address (if different than property) _____

Home Phone _____ Work Phone _____ Email _____

PROPOSED COLORS

STUCCO	Attach Color Sample
Paint Manufacturer: _____	
Color Name and Number: _____	

TRIM	Attach Color Sample
Must specify each wood trim area to be painted. Attach additional sheets/forms if necessary.	
Trim Area _____	Color & Number: _____
Trim Area _____	Color & Number: _____
Trim Area _____	Color & Number: _____
Trim Area _____	Color & Number: _____

ACCENT	Attach Color Sample
Must specify each accent wood area to be painted. Attach additional sheets/forms if necessary.	
Accent Area _____	Color & Number: _____
Accent Area _____	Color & Number: _____
Accent Area _____	Color & Number: _____
Accent Area _____	Color & Number: _____

OTHER	Attach Color Sample
Location _____	

ARCHITECTURAL APPROVAL

Architectural Consultant Signature: _____	Date: _____
Architectural Committee Member Signature: _____	Date: _____
Architectural Committee Member Signature: _____	Date: _____
Architectural Committee Member Signature: _____	Date: _____

WORK SHALL NOT COMMENCE WITHOUT RETURN RECEIPT OF THIS APPLICATION WITH ARCHITECTURAL COMMITTEE MEMBER SIGNATURES. FAILURE TO OBTAIN WRITTEN APPROVAL PRIOR TO COMMENCING WORK MAY RESULT IN A FINE AND THE COST TO RESTORE TO ORIGINAL CONDITION.

CANTADA COMMUNITY ASSOCIATION

Facing, Adjacent and Impacted Neighbor Statement

The attached plans were made available to the following neighbors for review:

(date received stamp)

FACING NEIGHBOR:

Name	Address	Signature	Date
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FACING NEIGHBOR:

Name	Address	Signature	Date
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ADJACENT NEIGHBOR:

Name	Address	Signature	Date
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ADJACENT NEIGHBOR:

Name	Address	Signature	Date
------	---------	-----------	------

IMPACTED NEIGHBOR:

Name	Address	Signature	Date
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IMPACTED NEIGHBOR:

Name	Address	Signature	Date
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The above neighbors have seen the plans being submitted to the Architectural Committee for review. I understand that neighbor objections do not in themselves cause denial. However, the Architectural Committee may contact neighbors to review their comments, if necessary.

SUBMITTED BY:

Homeowners Name *(please print)*

Homeowners Signature

Property Address *(please print)*

Date

THIS STATEMENT MUST BE SUBMITTED TO THE ARCHITECTURAL COMMITTEE WITH THE COMPLETED REQUEST FOR MODIFICATION AND PLANS.

Cantada Community Association

NOTICE OF COMPLETION

Notice is hereby given that:

The undersigned is the Owner of the property located at:

Street Address

City State Zip

Lot # _____

The modification for the above property was COMPLETED on _____ day of _____, 20____, in accordance with the Architectural Review Committee's written approval of the above owner's Architectural Application and plans.

NAME OF PROPERTY OWNER: _____

SIGNATURE OF PROPERTY OWNER: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

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Architectural Committee Approval
Modification Verified and Deposit Released

Committee Member

Date

Committee Member

Date

Date Deposit Released: _____