

ALTIA HOMEOWNERS ASSOCIATION
c/o Weldon L. Brown Company, Inc.
Community Association Management
Post Office Box 352 * Riverside * California * 92502
951/ 682-5454 * Fax: 951/ 682-5632

REQUEST FOR ARCHITECTURAL APPROVAL

APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____

Brief Description of Request: _____

Approval of this request does not relieve applicant from obtaining the necessary building permits from the governmental agencies involved.

An approved copy will be returned to the applicant and the original will be retained by the Architectural Review Committee.

Signature of Property Owner: _____ Date: _____

ARCHITECTURAL REVIEW COMMITTEE

Date Submitted: _____ Approved: _____ Disapproved: _____

Conditions of Approval/or reasons for Disapproval: _____

Architectural Committee

Authorized Signatures (2 required)

Date: _____

Date: _____

Date: _____

Completion Verification (Signature)