

SKY MESA PROPERTY OWNERS ASSOCIATION  
ARCHITECTURAL APPROVAL APPLICATION

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Tract: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Modification Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Schedule: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Contractor: \_\_\_\_\_

Architectural Control Committee:

You are hereby advised that the work described above is proposed and approval is requested. Attached is the completed Building Conformance Agreement including drawings of work submitted for approval, as well as types of materials, colors and other pertinent information to be used as indicated. We understand building permits for home improvements are required by the County of Riverside, or appropriate governing agency, and the cost of permits, and subsequent inspection(s), will be borne by us.

We acknowledge that all approved changes in the original design will be at our expense; that any and all damage to or relocation of existing sprinkler systems, swales and exterior landscaping or other damage resulting from the construction of the proposed improvement(s) shall be at our expense. Additionally, any maintenance of permitted improvements shall be at our expense, and we agree to hold harmless Sky Mesa Property Owners Association for the maintenance cost of same.

\_\_\_\_\_ **\$50.00 Application Fee Required.**

Further more, we agree to hold harmless Sky Mesa Property Owners Association from any liability, damage and/or loss resulting from the construction or performance of the proposed modification, whether or not constructed pursuant to approved plans, drawings and/or specifications.

Signature(s) of Owner(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN APPLICATION TO:**

SKY MESA PROPERTY OWNERS ASSOCIATION  
C/O WELDON BROWN COMPANY, INC.  
5029 LA MART DRIVE  
RIVERSIDE, CALIFORNIA 92507



FOR COMMITTEE USE ONLY:

Do not write below this line.

FURTHER INFORMATION REQUESTED: \_\_\_\_\_  
\_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_

DECISION:

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Please Type or Print Name

By: \_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Please Type or Print Name

By: \_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Please Type or Print Name