

Regency Place Homeowners Association

APPLICATION FOR ARCHITECTURAL REVIEW

Name _____ Phone _____

Unit Address _____ Mailing Address _____

Home Phone _____ Work Phone _____

- 1. Applicant must submit this form and a set of plans and specifications which include details regarding the nature, kind, shape, color, height, materials and location of the proposed alteration.
2. This installation or construction must be made by a licensed contractor and a copy of his/her certificate of insurance must accompany this application.
3. This request will be considered for approval at the next regular meeting of the Board of Directors. This application must be submitted at least thirty days prior to the meeting. Processing of this application may take up to 30 days. You may not begin work until the request is approved.
4. The purpose of this application is to provide compatibility and harmony in construction throughout the community.
5. Approved requests will be valid for 12 months from the date of approval.

Proposed Start Date _____ Proposed Completion Date _____ Building Permit Required? ___ Yes ___ No

Guarantee/Warranty Terms _____

General Description of Proposed Work (Attach additional sheets if necessary):

(Attach plans, specifications, pictures, brochure, etc.)

I hereby request authorization to make the above noted modification or addition to my residence. I understand and agree to the following, if the request is approved:

- a. All proposed changes must conform to building codes, if applicable.
b. Owner accepts complete responsibility for painting, upkeep and maintenance of said improvements, including any necessary repairs to the exterior of the building as a result of said installation, hereafter.
c. If applicable, owner may be required to obtain a building permit for this architectural modification.
d. If applicable, owner will submit a copy City/County final inspection approval to the Association.
e. Maintenance Responsibility Agreement may be required for certain modifications.
f. Owner will assume all responsibility for any damage that occurs to the building, or other structures in connection with this architectural change.

Applicant Signature _____

Date _____

Action: _____ Approved _____ Denied

Comments: _____

Signature _____

Date _____

Return Completed Application To:
AMC, Inc.
1401 El Camino Ave, Suite 200
Sacramento, CA 95815
Phone (916) 565-8080 Fax (916) 565-8070