

**Architectural Guidelines**

**EXHIBIT A Request for Approval**

HOMEOWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

UNIT #: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPOSED START DATE: \_\_\_\_\_

PROPOSED COMPLETION DATE: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

CONTRACTOR'S LICENSE #: \_\_\_\_\_

DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOMEOWNER'S SIGNATURE: \_\_\_\_\_

ARCHITECTURAL COMMITTEE

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

Approved/ Disapproved: \_\_\_\_\_

Conditions of Approval/ or Reasons for Disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**EXHIBIT B CONDITIONS OF APPROVAL AND DISCLAIMER**

Unless specifically agreed otherwise in writing by the Board of Directors, approval of the submitted plans is expressly conditioned upon the owner agreeing to assume the cost for any additional maintenance directly or indirectly caused by the proposed modification(s), addition(s), or improvement(s).

During the approval process, the Association may require that its architect, landscape consultant, attorney, contractor, etc., review the proposed plans. SUCH REVIEW(S) ARE VERY LIMITED IN SCOPE AND MAY NOT BE RELIED UPON BY THE OWNER TO ENSURE CORRECTNESS OF PLANS FROM EITHER A LEGAL, ARCHITECTURAL, STRUCTURAL, ENGINEERING, LANDSCAPING, ETC., STANDPOINT.

The applicant FURTHER AGREES AND REPRESENTS that, as a condition of submittal, they have independently reviewed and confirmed that the proposed plans are correct from a legal, structural, architectural, engineering, and/or landscaping standpoint and will not in any way, other than that which has been disclosed in the application, negatively impact the Association or cause damage or additional maintenance to Association-owned land and/or Association maintained property.

The applicant FURTHER AGREES AND REPRESENTS that the applicant has complied with all applicable Federal, State, County and City laws and ordinances and has obtained all necessary permits in connection with the proposed plans. Applicant further agrees to send copies of all permits to the Association prior to the actual implementation of the proposed plans.

PLEASE NOTE THAT APPROVAL OF THE PROPOSED PLANS BY THE ASSOCIATION DOES NOT CHANGE OR ABROGATE THE APPLICANT'S OBLIGATION TO OBTAIN ALL NECESSARY PERMITS AND/OR COMPLY WITH ALL APPLICABLE GOVERNMENTAL REGULATIONS.

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Signature

Date

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Print Name

Unit Number

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**EXHIBIT C**  
**NEIGHBOR NOTIFICATION & ACKNOWLEDGEMENT**

Please notify your neighbors indicated below, of your request for architectural improvement.

FACING NEIGHBOR:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ADJACENT NEIGHBOR:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ADJACENT NEIGHBOR:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Architectural Guidelines**

IMPACTED NEIGHBOR:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBMITTED BY:

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

The attached plans were made available to the above neighbors for review. Each neighbor listed has been notified that I am submitting these plans for Architectural Committee approval.

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

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



**Architectural Guidelines**

**EXHIBIT E CONTRACTOR / INSTALLER WORK PLAN**

To be filled out by the contractor, installer or homeowner.

Describe the contractor or installer work plan for your unit including the materials and process. See the guidelines for Hardwood Flooring, Hard Surface Flooring (Tile, Stone, etc.), General Contract Work, or Window Tinting for details necessary for your project. Give an estimated timeline for the work.

For all flooring projects:

List specifics about the surface material, underlayment material with IIC rating (very important), and the planned gap where the flooring meets a wall.

For all general contractor projects:

Fully describe all structural changes. List obstacles to be moved or removed including plumbing, electrical wiring, cable, telephone, fire sprinklers, appliances, windows, doorways, or walls.

For all window tinting projects:

List the tinting material. List the windows to be tinted or indicate “all” if that is your plan.

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Homeowner Name

Date

---

Mailing Address including unit #

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Work Phone

Home Phone

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Name of Contractor/Installer

Contractor Phone:

Description of Work and Materials: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Architectural Guidelines

EXHIBIT F NOTICE OF COMPLETION

Notice is hereby given that the undersigned is the Owner of the property located at:

\_\_\_\_\_  
Address City Zip

The work of Improvement on the described property was COMPLETED on: \_\_\_\_\_  
\_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_, in accordance with the Architectural  
Review Committee's written approval through the above owners plans and submitted package.

\_\_\_\_\_  
OWNER'S SIGNATURE Unit #

\_\_\_\_\_  
OWNER'S SIGNATURE Date

ARCHITECTURAL COMMITTEE

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

Inspection Approved: \_\_\_\_\_

Inspection Disapproved: \_\_\_\_\_

Conditions of Approval/or Reasons for Disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Committee Member Signature Date

UPON COMPLETION OF IMPROVEMENTS MAIL TO:

Alicante Owners Association  
C/O Action Property Management  
475 Redwood Street  
San Diego, CA 92103

**Architectural Guidelines**

**Submission Checklist**

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR REQUEST:

- Exhibit A—Request for Approval.
- Exhibit B—Conditions of Approval & Disclaimer
- Exhibit C—Neighbor Notification & Acknowledgement
- Exhibit D—Description of Improvement/Modification
- Exhibit E--Contractor Work Plan
- Construction Drawings--Plans and Specifications for works of improvement must be prepared in accordance with the applicable building codes, and with sufficient clarity and completeness to enable the Committee to make an informed decision on your request
- Life Safety Plan—If your architectural improvement requires temporary disconnection of the fire monitoring or sprinkler system, provide a detailed plan. The Owner must post a 24-hour/day fire watch during any disconnection. This must be manned by a security employee of the building, and the Owner must pay all expenses (including overtime) when using the employee.
- Contractors License (copy)
- Contractors Insurance Certificate for workers compensation (\$1 million minimum.
- Contractors Insurance Certificate for general liability (\$1 million minimum) naming additionally insured as follows: Alicante Owners Association and Action Property Management, Inc.—as managing agent.
- Architectural Drawing—not required for window tinting or flooring.
- Product Information for materials to be used.

Please return this checklist, completed forms and other requirements listed above to:

Alicante Owners Association  
C/O Action Property Management  
475 Redwood Street  
San Diego, CA 92103