

WHITTIER OAKS
REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION

Owner's Name: _____

Street Address: _____

Phone Number: _____

Project Start Date: _____

Project Completion Date: _____

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described and depicted below or on additional pages as necessary. Please include details such as the dimensions, materials, color, design, location, and other pertinent information.

I understand and will comply to:

1. That if the modification is not completed as approved, said approval could be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. That I am responsible to pay for and repair any and all damage down to the common areas as a result of an installation.
3. To comply with the state, county, or city building codes and to obtain all necessary permits if applicable.
4. To abide by the decision of the Architecture Review Committee or the Board of Directors.
5. That if the modification is not approved or does not comply, I/we may be subject to court action by the Association and that I/we shall be responsible for all reasonable attorney's fees.

Date of Request

Signature of Homeowner

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Date Received: _____

() Approved _____

Date Notified: _____

() Disapproved _____

Board of Directors