#### PROPERTY IMPROVEMENT APPLICATION

### SUBMISSION STANDARDS CHECKLIST

Please make sure your application includes all of the required information, documentation and any attachments for your application to be considered in a timely manner, including:

- 1. Property Improvement Application
- 2. Neighbor Awareness Form
- 3. Complete copies of the proposed improvement plans

The application may be either:

- Emailed to: <a href="mailed-to:shannon.grynchal@seabreezemgmt.com">shannon.grynchal@seabreezemgmt.com</a> (Seabreeze Management) or
- Mailed to:

Rossmoor Park Owners Association Seabreeze Management, Inc. 26840 Aliso Viejo Pkwy, Suite 100 Aliso Viejo, CA 92656

Incomplete applications will not be considered and will be returned. To assure prompt consideration, review all submittal materials for completeness before sending them to the Architectural Review Committee.

| Applicant/Homeowner Name: |        |  |
|---------------------------|--------|--|
| Property Address:         |        |  |
| Mailing Address:          |        |  |
| Phone: Cell:              | Other: |  |
| E-mail:                   |        |  |

### **GENERAL RULES**

- Approved application and plans by the Architectural Review Committee is required for any modifications. This will ensure any modifications or improvements do not jeopardize the safety or soundness of any structures,
- Owners are responsible for obtaining any required building permits from the City of Seal Beach for any remodel or modifications. Building permits obtained are not considered a substitute for prior written Architectural Review Committee approval.
- 3. Owners are responsible for all maintenance, repair, replacement and restoration of their Unit and shall be held liable for any damage to any other Units and/or Common Area for which they, their guests, tenants and invitees are responsible. All maintenance and repairs shall be completed promptly by the party responsible for such.
- 4. No changes may be made to a prior application approval without the Architectural Review Committee assessment. A new application may be required based on any additional renovation requests.
- 5. The use of Common Area for any construction material is prohibited.
- 6. Failure to obtain the necessary prior approval from the Architectural Review Committee is a violation of the CC&R's and Rules and may require modification and/or removal of work at the expense of the homeowner.
- 7. Building materials shall not be stored on any Common Area, driveways, sidewalk, fire lanes, parking spots, etc.
- 8. Car parking spots may not be blocked or the vehicle may be subject to towing.
- All trash/material must be removed by the contractor and not put in the HOA trash areas.
- 10. Vendors must abide by the parking rules onsite and only use the designated vendor parking areas. They may come in and unload but need to park outside if there is no parking inside. Towing rules will apply.
- 11. Hours of Operation please inform your contractor of these hours with no exceptions. Monday through Saturday from 8:00am 5:00pm. There is no work permitted on any Sundays or holidays..
- 12. Replacement windows must be white vinyl retrofit with no grids.
- 13. The patio/balcony concrete floors must remain as is for proper drainage and runoff.

You cannot install any permanent flooring such as tiles, astroturf, carpet, etc.

- 14. All applicable OSHA regulations must be strictly observed at all times.
- 15. All contractors must provide proof of workers compensation, liability insurance and valid professional license when required.
- 16. All work must be completed in 30 days. Any exceptions must be addressed to the Architectural Review Committee.
- 17. Please contact Shannon Grynchal at Seabreeze Management if you have further questions.

# OWNER WILL COMPLETE THE FOLLOWING FOR EACH CONTRACTOR REQUIRED FOR THE IMPROVEMENT/S:

### **FLOORING**:

| Minimum underlayment flooring requirements are: 11C-STC-65 or higher |         |  |
|----------------------------------------------------------------------|---------|--|
| Architects/Contractors Name:                                         |         |  |
| Company:                                                             |         |  |
|                                                                      |         |  |
| Phone:                                                               | E-mail: |  |
| Description of Improvements:                                         |         |  |
|                                                                      |         |  |
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|                                                                      |         |  |
|                                                                      |         |  |

# **WINDOWS**:

# Must be white vinyl retrofit with no grids or other window decoration

| Architects/Contractors Name:     |         |  |
|----------------------------------|---------|--|
| Company:                         |         |  |
| Mailing Address:                 |         |  |
| Phone:                           |         |  |
| Description of Improvements:     |         |  |
|                                  |         |  |
|                                  |         |  |
|                                  |         |  |
|                                  |         |  |
|                                  |         |  |
| KITCHEN:                         |         |  |
| Cabinets, sink, appliances, etc; |         |  |
| Architects/Contractors Name:     |         |  |
| Company:                         |         |  |
| Mailing Address:                 |         |  |
| Phone:                           | E-mail: |  |
| Description of Improvements:     |         |  |
|                                  |         |  |
|                                  |         |  |
|                                  |         |  |
|                                  |         |  |
|                                  |         |  |

# **BATHROOM:**

# Cabinets, sink, tub, shower, etc; HOT MOPPING IS NOT ALLOWED

| Architects/Contractors Name: |         |  |
|------------------------------|---------|--|
| Company:                     |         |  |
| Mailing Address:             |         |  |
| Phone:                       |         |  |
| Description of Improvements: |         |  |
|                              |         |  |
|                              |         |  |
|                              |         |  |
|                              |         |  |
|                              |         |  |
| OTHER:                       |         |  |
| Architects/Contractors Name: |         |  |
| Company:                     |         |  |
| Mailing Address:             |         |  |
| Phone:                       | E-mail: |  |
| Description of Improvements: |         |  |
|                              |         |  |
|                              |         |  |
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|                              |         |  |

| OTHER:                       |  |
|------------------------------|--|
| Architects/Contractors Name: |  |
| Company:                     |  |
| Mailing Address:             |  |
| Phone:                       |  |
| Description of Improvements: |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |

# ROSSMOOR PARK OWNERS ASSOCIATION PROPERTY IMPROVEMENT APPLICATION

### This page to be completed by the Architectural Review Committee Only

The Architectural Review Committee response subject to notes on plan and Review Committee approval Checklist.

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| Archi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tectura                                                                                             | Review Committee Signature or Authorized Representative:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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## **NEIGHBOR AWARENESS FORM BY OWNER**

The intent is to advise your neighbors who own property adjacent to, above and below and in the immediate vicinity of, your Unit (property) line or unit. Neighbors must sign this form and may add their comments in the space provided below. Each neighbor must also initial each set of plans. Signing this form does not denote approval of the plans. A neighbor's objection to the plans will not necessarily cause Committee denial of the plans if the plans comply with the Architectural Design Guidelines.

| LEFT SIDE:                     |        | RIGHT SIDE:     |
|--------------------------------|--------|-----------------|
| Neighbor Name                  |        | Neighbor Name   |
| Lot # / Address                | YOUR   | Lot # / Address |
| Signature                      | UNIT # | Signature       |
| Comments                       |        | Comments        |
|                                |        |                 |
| ABOVE:                         |        | BELOW:          |
| Neighbor Name                  |        | Neighbor Name   |
| Lot # / Address                | YOUR   | Lot # / Address |
| Signature                      | UNIT#  | Signature       |
| Comments                       |        | Comments        |
|                                |        |                 |
|                                |        |                 |
|                                |        |                 |
| additional comments if needed: |        |                 |
| idalional comments il necucu.  |        |                 |
|                                |        |                 |

## NOTICE OF COMPLETION FORM BY OWNER

| Owner shall complete the following                                                         | ng:                                                                                  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Applicant Name:                                                                            |                                                                                      |
| Property Address:                                                                          |                                                                                      |
| Mailing Address:                                                                           |                                                                                      |
| Phone:                                                                                     | E-mail:                                                                              |
| Description of Improvements:                                                               |                                                                                      |
|                                                                                            |                                                                                      |
|                                                                                            | otographs of all installed improvements/renovations.                                 |
| Owner Statement: I hereby certify that all work has be approved plans and specifications a | een completed and done in substantial compliance with the and the Design Guidelines. |
|                                                                                            | Date:                                                                                |
| Print Name                                                                                 |                                                                                      |
| Signature                                                                                  |                                                                                      |
| Mail complete packages to:                                                                 |                                                                                      |

Rossmoor Park Owner Association – Architectural Review Committee Seabreeze Management, Inc. 26840 Aliso Viejo Pkwy, Suite 100 Aliso Viejo, CA 92656

## **NOTICE OF COMPLETION FORM**

# This portion to be completed by the Architectural Review Committee Only

| The Architectural Review Committee conducted                                        | d the Final Inspection by:                                                                                                                      |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Reviewed Homeowners submitted photographs                                           | Conducted by site visit                                                                                                                         |
| The Architectural Review Committee recomme                                          | nds the following:                                                                                                                              |
| ☐ APPROVED: Final inspection is comple conformance with the approved plan and the D | ete and the Improvements are in substantia<br>esign Guidelines.                                                                                 |
| plans, specifications and/or Design Guidelines.                                     | ot in substantial conformance with the approved<br>The Applicant must complete/modify/remove the<br>en corrected, submit to the Property Manage |
| Items that must be complete/modify/remove:                                          |                                                                                                                                                 |
|                                                                                     |                                                                                                                                                 |
|                                                                                     |                                                                                                                                                 |
|                                                                                     |                                                                                                                                                 |
|                                                                                     |                                                                                                                                                 |
| Architectural Review Committee Signature or A                                       | Authorized Representative:                                                                                                                      |
|                                                                                     | Date:                                                                                                                                           |
|                                                                                     | Date:                                                                                                                                           |
|                                                                                     | Date:                                                                                                                                           |