WHISPERING PALMS HOMEOWNERS ASSOCIATION ARCHITECTURAL APPROVAL APPLICATION

Date:	•	
Applicant Name:		
Property Address:		
Mailing Address:		
Telephone Number: {}		
APN:	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 are 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 the 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 Whispering Palms Homeowners Association harmless for the maintenance cost of same.

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Committee Member

Furthermore, we agree to hold Whispering Palms Homeowners Association harmless 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 APPLI	CATION TO: ARC COMITTEE CHAIRMEN
RALSTON MAN 28441 RANCHO CALIFO TEMECULA,	RNIA RD., SUITE 101
FOR COMMITTEE USE ONLY: Do not write be	elow this line
Date Received:	Cost Estimate:
Plans:sets	Spes:sets
Notice Posted:	Completed:
Hearing Date:	Place:
FURTHER INFORMATION:	
Requested:	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

Please Type or Print Name

WHISPERING PALMS HOMEOWNERS ASSOCIATION ARCHITECTURAL APPROVAL APPLICATION ADJACENT & IMPACTED NEIGHBOR AWARENESS STATEMENT

	20, I notified the neighbors listed below ectural Control Committee for approval. I agree to neighbors for review, including those that adjoin at
	Signature of Submitting Owner
	Please Print or Type Name
	Address:
Where Applicable:	
Neighbor's Signature:[Must be an Owner]	
Please Print o	r Type Name Above / Address
Neighbor's Signature:[Must be an Owner]	
Please Print o	or Type Name Above / Address
Neighbor's Signature;[Must be an Owner]	
Please Print o	or Type Name Above / Address
Neighbor's Signature:[Must be an Owner]	
Please Print o	or Type Name Above / Address