

DEEP CANYON TENNIS CLUB OWNERS ASSOCIATION

ARCHITECTURAL APPLICATION

The Architectural Committee reviews all Applications, as listed in the Rules & Regulations, for the Board of Directors. Applications, in the Committee's opinion, that meet that meet the Board's guidelines, will be approved in writing. Applications, in the Committee's opinion, that do not meet the Board's guidelines will be denied. Upon denial the owners may appeal, in writing, to the Board.

PLEASE PRINT OR TYPE

DCTC ADDRESS: _____ Unit Type: _____ (ABCDE)

OWNERS NAME: _____ EMAIL: _____

MAILING ADDRESS: _____

CONTACT NUMBERS: _____

MAIL REPLY TO THIS APPLICATION TO : _____ LOCAL ADDRESS _____ NON LOCAL ADDRESS

EMAIL ADDRESS: _____

MODIFICATION PLANS MUST BE ATTACHED TO THIS FORM

CONTRACTOR'S NAME: _____ LICENSE NO: _____

IMPORTANT NOTICE: Modifications (Other Than Cosmetic) May Require a City of Palm Desert Building Permit. (760-946-0611) Only California Licensed Contractors May Do Such Work.

A/C Replacement	Countertop Installation	Lighting
Atrium Enclosure	Electrical Outlets	Satellite TV Installed
Awning Installation	French Door Replacement	Sliding Door Replacement
Awning Replacement	Front Door Replacement	Sola Tube Light
Bathroom Remodel	Kitchen Remodel	Tankless Water heater
BBQ Installation	Living room Remodel	Tile Installation
Bedroom Remodel	New Cabinets Installation	Water Heater
Carpet Installation	New Interior Closet/Doors	Window Replacement
Carport Storage Full	Patio Cover Installed	Other:
Carport Storage Half	Patio Cover Replacement	
Charging Station/Car	Patio Door Replacement	
Complete Condo Remodel	Patio fence Modification	
Countertop Removal	Patio Slab Replacement	

(Extenuating Circumstances Why This Application Should Be Approved, Use Separate Sheet If Necessary)

OWNERS SIGNATURE

DATE

Job# _____

Please Provide the HOA with Complete list of your Vendors:
The office will assign Job # per each Application along with passes for each person doing work at your address. **ONLY LISTED VENDORS WILL BE ADMITTED AT FRONT GATE.**

Name	Company	Type of Work	Start Date	End Date

_____ FOR ASSOCIATION USE ONLY _____

DATE OF ACTION: _____ APPROVED _____ DISAPPROVED

REASON FOR DISAPPROVAL: _____

CONDITIONS OF APPROVAL: _____

AUTHORIZED SIGNATURE: _____

Name

Title

Date