## Shasta Park Homeowners Association C/O C & C Property Management

## APPLICATION FOR ARCHITECTURAL / LANDSCAPE PROJECT REVIEW

Owner	r Name:	Date:
Address:		Phone Number:
	sed Architectural / Landscape Project ngs, or photos.	/Changes: Please attach any relevant details, plans,
	to be performed by:	
Start Date:		Completion Date:
	Submittal of this completed form de and/or the designated committee roughly and	oes not constitute approval. The Board of Directors
<ul><li>3.</li><li>4.</li></ul>	future owner) agrees to take full responsibility of any damage incurred to building caused by this attachment.	
	l Approved	
	Approved with the following condition	ons:
	Denied for the following reasons:	
Board o	of Directors Signatures:	
		Date:
		Date:
		Date:

Please return completed form to:

**Shasta Park Homeowners Association** C/O C & C Property Management 425 Merchant Street, Suite 101 Vacaville, CA 95688