## Villa Knolls Homeowners Association C/O C & C Property Management

## APPLICATION FOR ARCHITECTURAL / LANDSCAPE REVIEW

Owner Name:Address:		Date: Phone Number:	
			<b>Propos</b> photos
Work to	o be performed by:		
Start Date:		Completion Date:	
Owners Signature:		Date:	
By sign	ning above, the applicant ack	nowledges the following:	
2.	Submittal of this completed form does not constitute approval. The Board of Directors and/or the designated committee may require additional information.  Approval of this application does not constitute approval by the local municipal building department. Owner shall be responsible for complying with local building codes and obtaining all necessary permits.  Owner is responsible for re-submitting any substantive changes of the proposed work		
	Approved		
	Approved with the following	g conditions:	
	Denied for the following reasons:		
Board (	of Directors Signatures:		
		Date:	
		Date:	
		Date:	

Please return completed form to: **Villa Knolls Homeowners Association** C/O C & C Property Management 425 Merchant Street, Suite 101 Vacaville CA 95688 Or via email to: denise@ccpropmgmt.com