

Creekside Property Owners Association  
Terra Vista HOA Management  
337 El Dorado Street Ste. 3-B  
Monterey, CA 93940  
(831) 375-5444

**APPLICATION FOR ARCHITECTURAL REVIEW**

ASSOCIATION NAME \_\_\_\_\_

NAME \_\_\_\_\_ UNIT **#** \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

Applicant agrees and understands that the application does not fulfill all of the requirements for an approval. In addition to this completed "Application for Architectural Review," the applicant must submit one (1) set of plans and specifications showing the nature, kind, shape, height, materials, and locations of the proposed architectural alteration. It is understood by the applicant that the submission must be in writing. Additional information may be required as deemed necessary to make a decision. Until all information is submitted, the application will be deemed to be incomplete, and the application will stand unapproved.

Applicant agrees and understands that in the event the modification is approved, "special conditions" of construction and maintenance on the approved work may be imposed. Any special conditions shall be attached and be a part of the approval. Any deviation from the approved plan specifications or special conditions shall cause the permit to terminate and become null and void.

Applicant understands that all necessary permits and approvals from municipal parties or other jurisdictions are the sole responsibility of the applicant, and that approval of this application is subject to the applicant receiving all such necessary permits and approvals.

**DESCRIPTION OF PROPOSED PLAN OR MODIFICATION**

Please attach one (1) set of plans or drawings, a plot plan, the name, address and phone number of your contractor(s) or supplier(s). Drawings should be no larger than 11" x 17".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant agrees to the foregoing conditions.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

FOR OFFICE USE:

Date plans received. / . . , /

Plans approved: \_\_\_\_\_ yes \_\_\_\_\_ no **Signature:** \_\_\_\_\_ **Date:** / . . \_\_\_\_\_

Date plans returned to Homeowner / . . ' . . ' . .