

ECHO HILLS HOMEOWNERS ASSOCIATION ARCHITECTURAL APPLICATION FORM OWNER CHECKLIST

This checklist must be completed by the HOMEOWNER and be attached to the Architectural Review Committee Application. Failure to complete and include this checklist constitutes an incomplete submittal. All incomplete submittals will be returned without review by the Committee. All verbal approvals are invalid and do not preclude a written approval.

ALL IMPROVEMENTS

The submittal requirements for ALL IMPROVEMENT(S) must include the following:

- Completed Architectural Application Form
- Signed Neighbor Awareness Form
- This Submittal Checklist
- Plot Plan with setbacks

LANDSCAPE IMPROVEMENTS

Improvements involving all landscaping in any yard (i.e., plants, material, hardscape, spa, pool, fences, walls, stone, concrete, etc.) must include:

- Landscape Plan (may be included on plot plan with setbacks)

EXTERIOR IMPROVEMENTS

This part must be completed for exterior alteration including room additions, trellis and sunshades, gazebos, balconies, patio covers, window and door treatments and exterior COLOR or material changes.

- Exterior Elevations
- Floor Plans (in the case of detached structures such as gazebos & patio covers, floor plans may be included on plot plan)
- Color Samples (paint chip must be attached even if painting approved color)

SPACE IMPROVEMENTS

This part must be completed for space improvements such as room additions, large decks, and room conversions affecting the exterior appearance of the home.

- Exterior Elevations
- Floor Plans to be included on plot plan
- Building Section(s)
- Roof Plan

HOMEOWNER PRINTED NAME

DATE

RETURN APPLICATION TO:

Echo Hills Homeowners Association
c/o Avalon Management
43529 Ridge Park Dr., Temecula, CA 92590
(951) 699-2918 fax: (951) 699-0522
EMAIL: Tarc2@AvalonWeb.com

ECHO HILLS HOMEOWNERS ASSOCIATION ARCHITECTURAL APPLICATION FORM

DATE: _____

APPLICANT NAME: _____

PROPERTY ADDRESS: _____

TELEPHONE NUMBER(S): _____

LOT / ACCOUNT NUMBER: _____

IMPROVEMENT REQUESTED: _____

PERMIT(S) REQUIRED: YES NO

START DATE: _____ ESTIMATED COMPLETION DATE: _____

CONTRACTOR: _____

To the ARCHITECTURAL CONTROL COMMITTEE (ACC):

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. I/we understand building permits for some 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 me/us.

I/We acknowledge that all approved changes in the original design will be at my/our expense; that any damage to **Echo Hills Homeowners Association** common areas and/or maintenance easement areas such as sprinkler systems, swales, landscaping, etc. resulting from the construction of the proposed improvement(s) shall be at my/our expense. Additionally, any maintenance of approved improvements shall be at my/our expense, and I/we agree to hold harmless **Echo Hills Homeowners Association** for any liability or maintenance issues for my/our improvements.

Furthermore, I/we agree to hold harmless **Echo Hills Homeowners Association** 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.

PLEASE NOTE: THE ACC REQUIRES A MAXIMUM OF 30 DAYS TO REVIEW AND APPROVE APPLICATIONS BEFORE IMPROVEMENTS SHOULD BEGIN. PLEASE PLAN ACCORDINGLY. THE COMMITTEE ATTEMPT TO EXPEDITE IF REQUESTED, BUT WORK SHOULD NOT BEGIN UNTIL APPROVED. WORK STARTED/COMPLETED PRIOR TO APPROVAL POSES SOME RISK TO THE MEMBER HOMEOWNER, WHICH COULD RESULT IN WORK STOPPAGE/WORK REMOVAL AND/OR COMPLIANCE COSTS.

SIGNATURE(S) OF OWNER(S): _____

**ECHO HILLS HOMEOWNERS ASSOCIATION
ARCHITECTURAL APPLICATION FORM**

ADJACENT AND IMPACTED NEIGHBOR AWARENESS STATEMENT

On or about _____, I/we notified the below listed neighbors of my/our intents to submit plans to the ACC for approval. I/we agree to make these plans available to my/our neighbors for review which shall include those that face, adjoin, and to the rear of my property.

SIGNATURE OF SUBMITTING OWNER(S): _____

PLEASE PRINT OR TYPE NAME(S): _____

PROPERTY ADDRESS: _____

PHONE/EMAIL ADDRESS: _____

WHERE APPLICABLE

1. Neighbor's Address: _____ DATE _____

Neighbor's Name: _____
PRINTED NAME SIGNATURE

2. Neighbor's Address: _____ DATE _____

Neighbor's Name: _____
PRINTED NAME SIGNATURE

3. Neighbor's Address: _____ DATE _____

Neighbor's Name: _____
PRINTED NAME SIGNATURE

4. Neighbor's Address: _____ DATE _____

Neighbor's Name: _____
PRINTED NAME SIGNATURE

An impacted homeowner does NOT have the power to veto a proposed project; rather his/her concerns are a factor to be considered by the ACC committee. All neighbors' signatures are not required. Signing does NOT deem APPROVAL and has NO bearing on whether an application is approved or denied.

**ECHO HILLS HOMEOWNERS ASSOCIATION
ARCHITECTURAL APPLICATION FORM**

FOR COMMITTEE USE ONLY

APPLICANT -- DO NOT COMPLETE

FURTHER INFORMATION REQUESTED : _____

DATE REQUESTED : _____ DATE 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

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