

APPLICATION FOR ARCHITECTURAL IMPROVEMENT

NAME: _____ LOT #: _____

ADDRESS: _____ PHONE: _____

GENERAL DESCRIPTION OF WORK TO BE PERFORMED: (Include dimensions, shape, color and location. Attach a sketch, photograph, or sales brochure illustration of the desired addition).

CONSTRUCTION PERMIT TO BE OBTAINED

CONTRACTOR: _____

CONTRACTOR'S LICENSE NO: _____

The undersigned adjacent OWNERS have no objection to the proposed improvements:

Owner _____ Address _____

Owner _____ Address _____

I will assume the responsibility for any work under the above proposed improvement that I or my contractor accomplish, which may in the future, adversely affect the common area. I will not begin work until receipt of written approval from the property management company.

Owner's Signature: _____

For Board Use Only

Architectural Committee Approval: _____ Date: _____
Chairman

Board of Directors Approval: _____ Date: _____
President

MAIL/FAX/EMAIL THIS FORM TO:

A. McKibbin & Co.
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