

**MISSION HOMES OF MONTCLAIR HOMEOWNERS ASSOCIATION
HOME IMPROVEMENT FORM**

HOMEOWNER INFORMATION:

Name: _____ Home Ph: _____
Property Addr.: _____ Work Ph: _____
Mailing Addr.: _____ Cell Ph: _____
(if different) _____ Email: _____
Signature: _____ Date: _____

PLEASE INCLUDE 2 SET OF DRAWINGS/SKETCHES THAT SHOW DETAILS OF SIZE, DESIGN, COLOR, MATERIALS AND LOCATION OF IMPROVEMENT.

PROJECT(S) BEING SUBMITTED: (Please check appropriate items)

ARCHITECTURAL

____ Awnings
____ Deck (wood)
____ Doors
____ Gazebo
____ Green House
____ Patio Cover
____ Rain Gutters
____ Screen Door
____ Security Screen Door
____ Tinted Windows

LANDSCAPE/HARDSCAPE

____ Fence(s)/Walls:
____ Front
____ Side
____ Rear
____ Retaining
____ Addition / Extension
____ Drains

EQUIPMENT

____ Air Conditioner
____ Built-In Barbecue
____ Lighting
____ Satellite Dish
____ Spa & Equipment
____ Waterfall/Fountain

Other: _____

Please include drawings, sketches, pictures or paint samples as necessary, and return to:
SO CAL PROPERTY ENTERPRISES, INC.
1760 California Ave., Suite 101 • Corona, CA 92881
Phone (951) 270-3700 • Fax (951) 270-3709 • bd@socalenterprise.com

DO NOT WRITE BELOW THIS LINE (FOR COMMITTEE USE ONLY)

The Architectural Committee has determined that the above submittal is:

APPROVED APPROVED WITH CONDITIONS DISAPPROVED AS SUBMITTED

- () See comments on plans.
- () Please see reverse for additional comments.
- () Maintain existing drainage pattern or provide alternative drainage method.
- () Resubmit patio cover with additional dimensions and elevation.
- () Do not pour concrete against existing fence.
- () No raised planters against existing walls. (No more than 12 inches of soil to be retained.)
- () Submit originally reviewed plans with revised drawings.
- () All lighting must be low wattage.
- () All new roofing material and angles must conform to existing.
- () _____ must be painted to match existing.
- () Resubmit with more details for _____.

COMMENTS: _____

MISSION HOMES OF MONTCLAIR HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE

Date: _____ Initial: _____ Date: _____ Initial: _____