

**SUNRISE AT PARKHILL  
HOME IMPROVEMENT FORM**

**HOMEOWNER INFORMATION:**

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

**PLEASE INCLUDE 1 SET OF DRAWINGS THAT SHOW DETAILS OF SIZE, DESIGN, COLOR, MATERIALS AND LOCATION OF IMPROVEMENT. NOT NECESSARY FOR SATELLITE DISH.**

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

ARCHITECTURAL

\_\_\_ Awnings  
\_\_\_ Deck (wood)  
\_\_\_ Gazebo  
\_\_\_ Doors  
\_\_\_ Patio Cover  
\_\_\_ Rain Gutters  
\_\_\_ Screen Door  
\_\_\_ Security Screen Door  
\_\_\_ Tinted Windows

LANDSCAPE/HARDSCAPE

\_\_\_ Fence(s)/Walls:  
\_\_\_ Front  
\_\_\_ Side  
\_\_\_ Rear  
\_\_\_ Retaining  
\_\_\_ Drains

EQUIPMENT

\_\_\_ Air Conditioner  
\_\_\_ Built-In Barbecue  
\_\_\_ Lighting  
\_\_\_ Satellite Dish

Other: \_\_\_\_\_

Please include drawings, sketches, pictures or paint samples as necessary, and return to:

**SO CAL PROPERTY ENTERPRISES, INC.**

**1855 Sampson Avenue • Corona, CA 92879**

Phone (951) 270-3700 • Fax (951) 270-3709 • bw@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.
- ( ) \_\_\_\_\_ must be painted to match existing.
- ( ) Resubmit with more details for \_\_\_\_\_.

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

SUNRISE AT PARKHILL ARCHITECTURAL REVIEW COMMITTEE

Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

(EXHIBIT B)

SUNRISE AT PARKHILL COMMUNITY ASSOCIATION  
IMPACTED NEIGHBOR STATEMENT

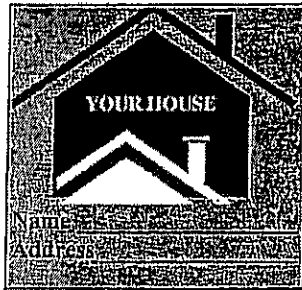
The attached plans were made available to the following neighbors for review:

Impacted Neighbor	
Name	_____
Address	_____
Signature	Date

Impacted Neighbor	
Name	_____
Address	_____
Signature	Date

**Common Area or Back Yard - Rear of Home**

Adjacent Neighbor	
Name	_____
Address	_____
Signature	Date



Adjacent Neighbor	
Name	_____
Address	_____
Signature	Date

**Your Street - Front of Home**

Facing Neighbor	
Name	_____
Address	_____
Signature	Date

Facing Neighbor	
Name	_____
Address	_____
Signature	Date

Facing Neighbor	
Name	_____
Address	_____
Signature	Date

My neighbors have seen the plans I am submitting for the Committee review (see above verification). I as the Owner certify that I have requested that my neighbors sign this statement confirming notification. I understand neighbor objections do not in themselves cause denial of the plans.

SUBMITTED BY:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_