

**HILLSBOROUGH COLLECTION MASTER ASSOCIATION
HOME IMPROVEMENT FORM**

HOMEOWNER INFORMATION:

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

PLEASE INCLUDE PLANS/DRAWINGS THAT SHOW DETAILS OF SIZE, DESIGN, COLOR, MATERIALS AND LOCATION OF IMPROVEMENT ACCORDING TO PLAN GUIDELINES.

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

ARCHITECTURAL

____ Awnings
____ Deck (wood)
____ Doors
____ Gazebo
____ Patio Cover
____ Rain Gutters
____ Screen Door
____ Security Screen Door
____ Tinted Windows
____ Exterior painting: must provide paint store color sample(s) and identify area(s) to be painted,
and must receive written approval prior to starting

LANDSCAPE/HARDSCAPE

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

EQUIPMENT

____ Air Conditioner
____ Built-In Barbecue
____ Lighting
____ Satellite Dish
____ Solar Panels/System

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 • kz@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: _____

HILLSBOROUGH COLLECTION MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE

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

**HILLSBOROUGH COLLECTION MASTER ASSOCIATION
IMPACTED NEIGHBOR FORM**

HOMEOWNER INFORMATION:

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

On this date _____, the attached plans were made available to the following neighbors for their review. They have been notified that I am submitting these plans for architectural approval.

SIGNATURE OF FACING NEIGHBOR _____

Address _____

SIGNATURE OF FACING NEIGHBOR _____

Address _____

SIGNATURE OF ADJACENT NEIGHBOR _____

Address _____

SIGNATURE OF ADJACENT NEIGHBOR _____

Address _____

SIGNATURE OF IMPACTED NEIGHBOR _____

Address _____

SIGNATURE OF IMPACTED NEIGHBOR _____

Address _____

Please include this form with your Home Improvement Form and return to:

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