

**Application for Architectural Alterations**

**Allow 30 days for processing**

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

Address: \_\_\_\_\_ Acct# \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of request for change/additions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED:

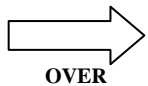
Staff Initials:

DATE REVIEWED:

Staff Initials:

PLEASE SUBMIT ALL OF THE FOLLOWING (as appropriate):

- PHOTO of existing lot/structure/yard and plot map** - Photo must include full lot plan. Plot map must include detailing lot lines, the outline of your project, total square footage and the proposed modifications or changes.  
→ *You must have accurate dimensions of all modification(s) so as to accurately locate your proposed change(s) as they relate to property lines and setbacks - Detail all elevations, sizes and heights.*
- Provide detailed product specifications materials, colors, finish, samples and product brochures  
→ *These generally will not be returned to you so you should obtain two copies*
- Provide names and descriptions of plants, trees and all vegetation:  
\_\_\_\_\_  
\_\_\_\_\_
- Projected date of starting and finishing work:  
Start: \_\_\_\_\_ Finish: \_\_\_\_\_
- Two (2) copies of any and all plans submitted to Alameda County Planning and Building Departments for approval of additions/buildings/structures/exterior remodels/pools/driveways  
→ *Prior to submitting plans to the County it is advisable to submit your plans to the Association for preliminary review of compliance with CC&R's.*
- Copy of valid county building permit



**NOTICE TO HOMEOWNERS:**

Your proposed improvement may require a permit from the County Building Department. It is solely the responsibility of you or your contractor to check with the County Building Department about permit requirements before starting any work.

**AGREEMENT BY APPLICANT:**

I/we assume all responsibility for all work to be performed in accordance with this Application. This includes (1) conformity of completed improvements to the plans and specifications as approved by the Association, (2) completion within any time limitations projected or imposed and (3) assumption of responsibility for any future consequences that may adversely affect neighbors or common area. I/we also understand that the Association may require an additional agreement to be recorded with title further specifying these responsibilities and giving notice to future owners.

\_\_\_\_\_  
Owner's Signature \_\_\_\_\_  
Date

**Neighbor Awareness – Second Stories:**

If required, you must have your immediate neighbors review your plans and sign below indicating an awareness of your intention. This does not constitute an approval or disapproval of your plans and serves solely as an acknowledgement.

Printed Name                      Address                      Phone                      Signature                      Date

\_\_\_\_\_

<b><i>Please deliver completed form and requested attachments to the address above.</i></b>				
<b><i>For Internal Use Only</i></b>				
<b>STAFF NOTES:</b>				
<i>Initials</i>		<i>Date</i>	<i>Initials</i>	<i>Date</i>
<input type="checkbox"/>	Plans Approved As Is	_____	<input type="checkbox"/>	Entered in Access
<input type="checkbox"/>	May Require a Variance	_____	<input type="checkbox"/>	Scanned
<input type="checkbox"/>	Verified County Permit	_____	<input type="checkbox"/>	Entered in Book
<input type="checkbox"/>	Board Approval if needed	_____	<input type="checkbox"/>	Sent to Owner
			<input type="checkbox"/>	Hearing Date

<b>Board Decision at Hearing:</b>