



ARCHITECTURAL APPLICATION
For Exterior Improvements, Alterations & Architectural Changes

Allow 30 days for Processing

377 Paseo Grande, San Lorenzo, CA 94580

Email: Applications@slvha.com

Please complete all applicable sections and attach required plans, photographs, specifications, and supporting documents.

1. HOMEOWNER / PROPERTY INFORMATION

Homeowner Name:	
Property Address:	
Email:	
Phone Number:	

2. TYPE OF ARCHITECTURAL REQUEST & REQUIREMENTS

(All Application Must Include a Current Full-Frontal Photo of the Home)

☐ ADU / JADU / Second Story Addition / Home Additions	Please request what supporting documents are required for these types of projects. NOTE: All ADUs, JADUs, and Second Story Additions require 10-day Awareness Notices to be sent to surrounding neighbors that may be affected by the project.
☐ Driveway Widening / Extension / Other Concrete Work / Landscaping Modification	(Plans / Drawings showing existing and new proposed hardscape / softscape measurements width and length, include Surface Materials, Names, Quantity, Size, and Description of plants, trees, and all vegetation)
☐ Exterior Painting	Brand and color
☐ Fence / Gate / Property Dividing Fence Installation, Replacement, or Repair	Material, Color, Style, Measurements height and length, Setback, Drawing if fence / gate is new
☐ Outbuildings / Accessory Structure (Sheds / Pergola / Gazebo / Carport / Patio Cover)	Plans / Drawing showing where the structure will be located, Material, Measurements, Color, Style, Setbacks
☐ Roof Replacement / Gutters/ Downspouts	Material, Brand, Color, Location if not in the same existing place
☐ Tree Work (Trimming / Removal / Installation)	Tree Type, County Approved Permit, Contractors Quote, Arborist Report
☐ Windows / Front Door / Garage Door / Shutters/ Siding	(Photo, Brochure, Cutsheet / Scope of Work showing the Materials, Color, Style, Measurements, Brand, Operation. Provide photos of the existing and new proposed windows, front door, garage door, shutters, siding)
☐ Other:	

3. PROJECT DESCRIPTION

Describe the exact proposed improvement, including location, dimensions, materials, colors, finishes, and any changes to existing structures or landscaping:

Estimated Start Date:		Estimated Completion:	
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4. OWNER CERTIFICATION, RESPONSIBILITY & ACKNOWLEDGMENT

I/We certify that the information provided in this application and all attached documents, including plans, drawings, specifications, and supporting materials, is true and complete to the best of my/our knowledge.

I/We understand that approval by the Association does not constitute approval by the City, County, or any other governmental agency and does not eliminate the requirement to obtain any required permits or approvals or to comply with applicable laws, codes, regulations, the Association's CC&Rs, Bylaws, Rules, and Architectural Guidelines.

I/We agree not to begin any work requiring Association approval until written approval has been received from the Association. I/We understand that any material change to the approved plans or specifications may require additional Association review and approval.

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 of the approved improvements within any time limitations projected or imposed; and
- (3) assumption of responsibility for any future consequences that may adversely affect neighboring properties, residents, or the common area.

I/We further understand that the Association may require an additional agreement to be executed and/or recorded with title, further specifying these responsibilities and providing notice to future owners.

By signing below, I/We acknowledge that I/We have read, understand, and agree to the certifications, responsibilities, and requirements set forth in this Application.

Owner Signature: _____	Date: _____
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7. HOA / ARCHITECTURAL COMMITTEE USE ONLY

Date Received:		Received By:	
Application Complete:	☐ Yes ☐ No	Additional Information Needed:	☐ Yes ☐ No
Decision:	☐ Approved	Decision:	☐ Conditionally Approved
Decision:	☐ Denied	Decision:	☐ More Information Requested
Conditions / Comments: _____ _____ _____ _____			
Decision Letter Sent:	_____	By:	_____

IMPORTANT:

Do not begin work requiring Association approval until written approval has been received.