

**EL DORADO HILLS BUSINESS PARK OWNERS ASSOCIATION
APPLICATION FOR ARCHITECTURAL REVIEW**

1. Applicant must submit this form and a set of plans and specifications, which include details regarding the nature, kind, shape, color, height, materials and location of the proposed alteration.

2. If this installation or construction requires a licensed contractor; a copy of his/her certificate of insurance must accompany this application.

3. This request will be considered for approval by the association architect and architectural review committee. Processing of this application may take up to 30 days. You may not begin work until the request is approved.

4. The purpose of this application is to provide compatibility and harmony in construction throughout the community.

5. Approved requests will be valid for 12 months from the date of approval.

Name _____ Phone _____

Unit Address _____ APN# _____

Mailing Address _____

E-mail Address _____

Proposed Start Date _____ Completion Date _____ Building Permit # _____

General Description of Proposed Work (Attach additional sheets if necessary):

(Attach plans, specifications, pictures, brochure, etc.)

I hereby request authorization to make the above noted modification or addition to my unit. I understand and agree to the following, if the request is approved:

- a. All proposed changes must conform to building codes, if applicable.
- b. Owner accepts complete responsibility for painting, upkeep and maintenance of said improvements, including any necessary repairs to the exterior of the building as a result of said installation, hereafter.
- c. Owner is required to obtain a building permit for this architectural modification.
- d. Association approval of plans is required prior to submitting to City/County for approval.
- e. Maintenance Responsibility Agreement may be required for certain modifications.
- f. Owner will assume all responsibility for any damage that occurs to the building, or other structures in connection with this architectural change.
- g. The approval by El Dorado County Building Department and the acquisition of a building permit does not guarantee approval by the association Architectural Approval.

Applicant Signature _____ Date _____

For Board Use Only

Board Action: _____ Approved _____ Denied

Architect Signature _____ Date _____

Comments: _____

Return Completed Application To:
Kocal Properties, Inc.
P.O. Box 6718
Folsom, CA 95763
Phone 916.985.3633 Fax 916.932.0011