

SANTA ROSA RANCHOS
HOMEOWNERS ASSOCIATION
BUILDING APPROVAL REQUEST FORM
(Approval Required Prior to Work Commencing)

NAME _____ SUBMIT DATE _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

DATE WORK WILL START _____ COMPLETION DATE _____

PROPOSED IMPROVEMENT

WILL A COUNTY PERMIT BE REQUIRED? _____

WORK WILL BE DONE BY _____ HOMEOWNER OR _____ CONTRACTOR

PLEASE ATTACH A COPY OF THE PLANS, DESCRIPTION OF THE MATERIALS INCLUDING COLOR AND TYPE, AND A SKETCH SHOWING THE PLACEMENT OF IMPROVEMENTS ON THE LOT, INCLUDING DIMENSIONS. RETURN TO:

SANTA ROSA RANCHOS HOA
C/O GUARDIAN PREFERRED PROPERTIES
6700 INDIANA AVENUE, STE 265
RIVERSIDE CA 92506
Phone: 951-683-6170

_____ For Architectural Control Committee Use _____

- ☐ APPROVED AS SUBMITTED
- ☐ APPROVED SUBJECT TO CONDITIONS OUTLINED BELOW
- ☐ DENIED FOR REASONS LISTED BELOW
- ☐ RESUBMISSION NECESSARY AS NOTED BELOW

DATE REVIEWED: _____ ACC MEMBER _____

ACC MEMBER _____

ACC MEMBER _____