

## COUNTRY VIEW CONDOMINIUM ASSOCIATION

### REQUEST FOR APPROVAL TO MODIFY EXTERIOR OR COMMON AREA

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

Property Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Description of proposed improvements including sketches or drawings detailing the exact location of the installation, materials, color, style, dimensions, and so forth. Without specific information, this request may need to be resubmitted.

\_\_\_\_\_  
 \_\_\_\_\_

I assume the responsibility for any work under the above-proposed improvement that my contractor or I accomplish which may, in the future, adversely affect the common area. Further, I do hereby hold the COUNTRY VIEW CONDOMINIUM ASSOCIATION completely harmless for improvements and workmanship to the property, and I assume responsibility for all future maintenance of any addition or improvement. I understand that the Board approval of this improvement does not relieve me of the responsibility to comply with all pertinent laws, ordinances, rules, and regulations.

The proposed improvement may require a permit from the City of Poway. I and/or my contractor shall check the permit requirements prior to starting any work. No work shall be done which may change the existing drainage patterns.

I have submitted this original form plus two (2) copies and acknowledge that the Architectural Committee has thirty (30) days to review the proposed changes and return their decision. The thirty days begins when the paperwork has been submitted and received. The Architectural Committee will sign all copies and return one copy to the owner, after which time construction may begin. Upon completion of the project, the Architectural Committee will inspect and sign off Final Approval on the original and remaining copy, which will be retained by the Property Management Company and the Architectural Committee, respectively.

\_\_\_\_\_  
 Unit Owner's Signature

The undersigned adjacent OWNERS are aware of the proposed improvement:

Name/Address/Signature: \_\_\_\_\_

Name/Address/Signature: \_\_\_\_\_

#### ARCHITECTURAL COMMITTEE DECISION

DISAPPROVAL:        /    /  _____ SIGNATURE COMMENTS: _____ _____ _____	APPROVAL TO START:    /    /  _____ SIGNATURE COMMENTS: _____ _____ _____	FINAL APPROVAL:        /    /  _____ SIGNATURE COMMENTS: _____ _____ _____
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RETURN THIS FORM TO:

**Country View Condominium Association**  
 P. O. Box 786  
 Poway, CA 92074-0786  
 (858) 748-7656 ♦ (858) 693-9455 ♦ FAX (858) 748-9417