

**MISSION BAY VIEW COMMUNITY OWNERS ASSOCIATION**

**REQUEST FOR APPROVAL OF IMPROVEMENTS**

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

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

Property Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Provide a 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 I or my contractor accomplish which may, in the future, adversely affect the common area. Further, I do hereby hold the Mission Bay View Community Owners 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 COA 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 San Diego. You or your contractor should check the permit requirements prior to starting any work. No work shall be done which may change the existing drainage patterns.

\_\_\_\_\_  
Property Owner's Signature

The undersigned OWNERS are aware of the proposed improvement:

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

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

Architectural Review Committee Recommendation:    \_\_\_ Approval    \_\_\_ Disapproval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

RETURN THIS FORM TO:    Mission Bay View COA  
   P. O. Box 786  
   Poway, CA 92074-0786