

WAGON WHEEL CANYON COMMUNITY ASSOCIATION - HOME IMPROVEMENT FORM

Forward To:

WAGON WHEEL CANYON COMMUNITY ASSOCIATION
c/o ACTION PROPERTY MANAGEMENT
2603 MAIN STREET, SUITE #500
IRVINE, CA 92614-4261

LOT#: _____
TRACT: _____
Close of Escrow ___/___/___

Name: _____
Address: _____, Trabuco Canyon, CA 92679
Phone: _____ Email: _____

PROJECTS BEING SUBMITTED: (Please check appropriate box)

Approximate Start Date: _____ Finish Date: _____

Has work been completed prior to written approval? Yes ___ No ___

Unapproved exterior architectural changes that are done without the prior approval of the Architectural committee will, after hearing, be subject to an initial Non-Compliance fine.

All work shall be completed within six months of approval unless otherwise noted.
Approval will expire six months from approval if work is not started.

- | | |
|--|--|
| <input type="checkbox"/> AIR CONDITIONER | <input type="checkbox"/> LAWN/ARTIFICIAL TURF |
| <input type="checkbox"/> ANTENNA/SATELLITE DISH | <input type="checkbox"/> PAINTING |
| <input type="checkbox"/> AWNINGS | <input type="checkbox"/> POOL AND/OR SPA EQUIPMENT |
| <input type="checkbox"/> BALCONY/DECK | <input type="checkbox"/> ROOM ADDITIONS |
| <input type="checkbox"/> DRAINS (If altering existing grade) | <input type="checkbox"/> SHADE STRUCTURE |
| <input type="checkbox"/> FENCE(S)/GATE | <input type="checkbox"/> SOLAR |
| <input type="checkbox"/> GUTTERS | <input type="checkbox"/> TREES – REMOVAL/REPLACEMENT |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> WALLS |
| <input type="checkbox"/> SIDE | <input type="checkbox"/> SIDE |
| <input type="checkbox"/> FRONT | <input type="checkbox"/> FRONT |
| <input type="checkbox"/> REAR | <input type="checkbox"/> REAR |
| | <input type="checkbox"/> RETAINING |

OTHER: _____

SUBMITTAL CHECKLIST: (please include the following)

- Home Improvement Form
- Facing, Adjacent and Impacted Neighbor Statement
- 3 Sets of Drawings – Must include hardscape and structures (with dimensions, design, color and materials)
- Name and location of all plants and trees. Drainage must also be included.
- Paint Request – Completed Color Information Sheet
- Photo of existing conditions
- Improvement Description Summary: _____

X _____
(Homeowner’s Signature)

NOTE: Plans that are approved are not to be considered authorization to change the drainage plan as installed by the developer and approved by the County of Orange. The review is intended to consider aesthetic appearance of the drains, pipes and coring and other applicable aspects of drainage. Owner may also need to have their improvements inspected by the County of Orange Code Inspectors and/or acquire approval from the County of Orange for permission to encroach within public easements or right-of-way.

WAGON WHEEL CANYON COMMUNITY ASSOCIATION
FACING, ADJACENT AND IMPACTED NEIGHBOR STATEMENT

Please note that a signature does not constitute approval or denial of the attached plans. Any concerns by neighbors as to the contents of this application should be directed in writing to Wagon Wheel c/o Action Property Management at maoc@actionlife.com so that they can be shared with the Architectural Review Committee prior to review.

The attached plans were made available to the following neighbors for notice and information:

| | |
|--------------------------|--------------------------|
| Impacted Neighbor | Impacted Neighbor |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Signature _____ | Signature _____ |
| Date _____ | Date _____ |

Common Area or Back Yard - Rear of Home

| | | |
|--------------------------|--|--------------------------|
| Impacted Neighbor |  | Impacted Neighbor |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| Signature _____ | Signature _____ | Signature _____ |
| Date _____ | Date _____ | Date _____ |

Your Street - Front of Home

| | | |
|------------------------|------------------------|------------------------|
| Facing Neighbor | Facing Neighbor | Facing Neighbor |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| Signature _____ | Signature _____ | Signature _____ |
| Date _____ | Date _____ | Date _____ |

My neighbors have seen the plans I am submitting for Architectural Review Committee review (see above verification). I as the Owner certify that I have requested that my neighbors sign this statement confirming notification. I understand neighbor objections do not in themselves cause denial of the plans.

SUBMITTED BY: _____ **DATE:** _____

Exterior House Painting Application – Color Information Sheet

Is this a preferred color scheme? YES _____ Scheme # _____ NO/Alternative _____

Walls / Stucco / Siding – color

Please circle to indicate exact areas for proposed colors.

Affix color chip here.

Brand of paint: _____

Color name: _____

Color number: _____

Fascia / Soffits / Trim – color

Please circle to indicate exact areas for proposed colors.

Affix color chip here.

Brand of paint: _____

Color name: _____

Color number: _____

Accent / Door / Patio cover – color

Please circle to indicate exact areas for proposed colors.

Affix color chip here.

Brand of paint: _____

Color name: _____

Color number: _____

* * * * * Do not write below this line. * * * * *

___ Approved ___ Approved with conditions ___ Denied (please resubmit)

Conditions / Comments: _____

**WAGON WHEEL CANYON COMMUNITY ASSOCIATION
NOTICE OF COMPLETION FORM**

Today's Date: ____ / ____ / ____ Tract #: _____ Lot #: _____

Address Where Work Took Place:

Mailing Address:

Daytime Phone: (____) ____-____ Evening Phone: (____) ____-____

Notice is hereby given that the undersigned is the owner of the property where the work took place and that the work was completed on the date specified below:

Date Work was completed: ____ / ____ / ____

Applicant's Name: _____ Applicant's Signature: _____
(Please Print)

Please provide the following documents in order that the Notice of Completion may be reviewed.

- Photographs of everything completed on the property.
- Copy of approved stamped plans (and any approved revised plans).

..... *(Do Not Write Below Line. This is to be Completed by Architectural Review Committee Only.)*

INSPECTOR COMMENTS:

APPROVED

CONDITIONAL APPROVAL

DISAPPROVED

- Not in Substantial Conformance with Plans
- Require Additional Information
-

RETURNED TO APPLICANT / OWNER

Date: _____

INSPECTORS:

Inspection Date:

Signature

Date

Signature

Date

.....