

SUN CITY HERMOSA C.C.C.

ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM
NO WORK CAN COMMENCE UNTIL APPLICATION IS APPROVED

Unit Owner Name(s): _____ Date: _____

Tenant Occupied: YES NO **If YES:** Tenant Name(s): _____ Phone # _____

Property Address: _____ E-mail: _____ Phone # _____

Mailing Address (if different than above): _____

Nature of Improvement: _____

Color (if applicable): _____

****MUST select color from the 11 Dunn-Edwards Color Schemes. 20% Discount offered for Sun City Hermosa Community**

Location (if applicable): _____

Dimensions (if applicable): _____

Construction Material (if applicable): _____

Supplier/Contractor: _____ Supplier/Contractor Phone # _____

Approximate Cost: _____ Estimated Completion Date: _____

One set of plans of all improvements MUST be attached to this application to show location and dimensions

** I have notified the below listed neighbors of my intent to submit plans to the Architectural Committee for approval and agree to make these plans available to these neighbors for review, including those adjoining at the rear of my property. **

➤ Neighbors Name: _____ Neighbors Signature: _____

Address: _____

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Address: _____

➤ Neighbors Name: _____ Neighbors Signature: _____

Address: _____

Send to: **Sun City Hermosa C.C.C.**

180 E. Main Street, Suite 101

Tustin, CA 92780

Fax: 714-544-7771

E-mail: andre@diversifiedhoa.com

Date Submitted: _____ Applicant Signature: _____

INTERNAL USE ONLY

Date Received: _____ Date of Inspection (if necessary): _____ Inspector: _____

Approved Date _____ By _____

Disapproved Date _____ By _____

Comments: _____
