

MISSION RIDGE COMMUNITY ASSOCIATION
ARCHITECTURAL REQUEST FORM

Name of Owner _____ Date _____

Property Address _____

Mailing Address (if different) _____

Work Phone _____ Home Phone _____

Proposed Improvement: *(Include drawings, brochures and color chips, as applicable. Be as detailed as possible)* _____

Proposed Start Date _____ Expected Completion Date _____

The Board has 60 days in which to make a decision, please allow for this time in your request.

Submit two (2) copies of this form as well as any additional information describing the modifications/additions (including dimensions, materials to be used, color, locations on the property, distances to property lines, and elevation of improvements relative to existing dwelling).

The intent of this request form is to maintain consistency throughout the Mission Ridge Community Association and compliance with our governing documents. This form is not a substitute for any permits required by the city, county or state. All work is subject to inspection by the homeowners association.

Owners' Signature _____ Date _____

NOTE: *Please take the time to include all the required information. Partially completed requests will be returned, causing delays in processing.*

Mail requests to:

Mission Ridge Community Association
c/o Anchor Community Management
P.O. Box 2310, Camarillo, CA 93011-2310
(805) 388-3848 ✉ fax: (805) 388-0856 ✉ e-mail: info@anchorcommunitymgt.com

Below this line for use by the Architectural Control Committee only

Approved: Conditional approval: Disapproved:

Conditions for approval or reason(s) for disapproval (All decisions are final):

Date: _____

Signature: _____