

STONEGATE VENTURA HOMEOWNERS ASSOCIATION

PO BOX 3237, CAMARILLO, CA 93011-3237

805-388-3848, FAX: 805-388-0856

REQUEST FOR ARCHITECTURAL/LANDSCAPE CHANGE

Name(s): _____ Unit #: _____ Date: _____

Mailing address (if different): _____

Home Phone Number: _____ Work Phone Number: _____

Email: _____

Explanation of Request: _____

The Board has 30 days to consider your request. Please allow for this time in your plans.

Owner agrees to all the conditions stated above.

Owner's Signature

FOR BOARD/ARCHITECTURAL COMMITTEE USE ONLY

The Board of Directors has considered your request and has decided the following:

Approved Disapproved Conditional Approval

Conditions of approval or reason for disapproval (required) – all decisions are final:

Plans must be submitted to Management Company prior to the start of work.

Work must be done by a qualified, licensed and insured Contractor.

Other:

By _____

_____ Date