



VILLA ANTIGUA HOMEOWNERS ASSOCIATION

ARCHITECTURAL REQUEST FOR CHANGE

5844 Menorca Dr.
San Diego, CA 92124
858.268.0929

office@villaantiguahoa.org

NAME _____ PHONE # _____
 ADDRESS _____ UNIT # _____
 EMAIL _____

An **Architectural Request for Change (ARC)** for any installation that will directly affect the exterior of the unit, common area, or may be seen from the Association common area, must be submitted to the Association for prior approval. It must include all required information such as building permits, contractor's name, license number & proof of insurance, plans, specs, drawings, blueprints, brochures and show colors, dimensions and type of material being used.

Any room additions or remodels also require an **Architectural Change Agreement (ACA)** that must be notarized and recorded with the County of San Diego. Submit ACA with a \$25 check made out to the Association and (1) copy of blue prints that will be kept by the Association. The Architectural Change Guidelines-Resolution No. 05 is attached & will answer most questions.

I hereby request approval for the installation of the following improvements to my property:

By signing below, I affirm and understand that I am responsible for any damage done to the common area or the unit during and/or after construction of these improvements. I agree to obtain necessary building permits and to adhere to all specifications of the governing documents of Villa Antigua HOA and its Board. During construction, if any changes are necessary, Board of Directors approval must be obtained prior to implementation *or* I may be required to remove the improvements at my sole cost and expense. All current owners, for themselves and their successors in interest, accept responsibility to maintain, repair, and replace requested change(s) or installation in the future when the need arises. I agree to indemnify and hold harmless the Association from any and all obligations, liability, liens and claims arising out of these improvements.

Date _____ By _____

 Owner's Signature

ARCHITECTURAL COMMITTEE ACTION:

Architectural Change Agreement (ACA) Needed _____ Fee Paid _____ Check # _____
 APPROVED _____ DECLINED _____ NEED MORE INFORMATION _____

Date _____ By _____

Comments: