

Toluca Hills Condominiums Homeowners' Association

DESIGN, MAINTENANCE AND ARCHITECTURAL STANDARDS MODIFICATION APPROVAL FORM (\$500 Deposit Required)

Name: _____ Date: _____

Unit Number: _____ Phone: _____

Email: _____ Fax: _____

MODIFICATION REQUESTED (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Flooring
<i>(Specify materials, style, & sketch on scaled plan)</i> | <input type="checkbox"/> Fireplace/Gas line work
<i>(Specify type & Sketch)</i> |
| <input type="checkbox"/> Bathroom/Kitchen Remodel
<i>(Plans – 1 set)</i> | <input type="checkbox"/> Electrical Work
<i>(Kind & Location)</i> |
| <input type="checkbox"/> Windows/Sliders/Screening
<i>(Specify material, style, & elevations)</i> | <input type="checkbox"/> HVAC Installation
<i>(Manufacturer, Type, Seer value)</i> |
| <input type="checkbox"/> Structure Modification
<i>(Plans – 1 set)</i> | <input type="checkbox"/> Plumbing
<i>(neighbors require 72-hour notice)</i> |
| <input type="checkbox"/> Parking Garage Storage Bin
<i>(Dimensions, materials and sketch)</i> | <input type="checkbox"/> Other (Appropriate Description) |

NOTES: Building fire alarms not to be removed or tampered with. All permits responsibility of homeowner. Commencement of work before Committee Approval will result in a \$1000 fine--plus the cost of meeting standards.

Proposed Project Start Date _____

Notes: _____

Neighbor Notification: *Your affected neighbors must be notified of the modification to your unit. Their signature is proof that you have notified them--not that they approve of the work that you requesting to be done. If no connecting unit, write N/A.*

	Neighbor's Name	Unit Number	Signature	Date
<i>Left</i>	_____	_____	_____	_____
<i>Right</i>	_____	_____	_____	_____
<i>Above</i>	_____	_____	_____	_____
<i>Below</i>	_____	_____	_____	_____

FORM MAY BE MAILED OR EMAILED TO:

MAIL:
Matt Meadors
Community Manager
7100 Hayvenhurst Ave, Penthouse D
Lake Balboa, CA 91406

EMAIL:
architecture@tolucahillshoa.com

ARCHITECTURAL REVIEW COMMITTEE ACTION

Date Received: _____ [] By Mail [] By Email [] In Person

Date Reviewed: _____

ARC Reviewer(s) _____ / _____ / _____

Date Responded: _____ (Within 30 days of receipt)

[] Approved [] Conditional Approval [] Disapproved

REVIEWER EXPLANATION: _____