

RIVERSIDE SUN CITY HOMEOWNERS ASSOCIATION

ARCHITECTURAL APPLICATION

Owner Name: _____ Date: _____

Property Address: _____

Mailing Address (if different from above):

E-mail: _____

****Pursuant to CC&R's, Art. XIV, Sec. 14.4, by providing my e-mail address above and my signature at the bottom of this application, I hereby consent to receiving all notices/letters pertaining to this specific Architectural Application by means of e-mail. All e-mails will be sent to the e-mail address provided above.**

Home Phone: _____ Mobile Phone: _____

I. Proposed Project Information

Describe the Proposed improvement in detail:

Contractor's Name (if applicable): _____ License No. _____

II. Neighborhood Awareness

With your submittal, please include a copy of the Neighbor Awareness Form, signed by any neighbors that will be visually impacted by your proposed improvement(s). This includes any adjacent or neighboring lots.

III. Documents Required for Submittal

Ñ Drawings which should include details of size, design, color and materials.

We, the undersigned, acknowledge that all approved improvements will be at our expense, and we will comply with all State, County, and Community Regulations. We understand that we are required to submit plans / drawings of the proposed modification. The final appearance will be as good as, or better than before work began. We agree to hold harmless the Riverside Sun City Homeowners Association and Avalon Management Group, Inc., from any liability, damage, and / or loss resulting from the proposed modifications described herein, whether or not constructed pursuant to approved plans, drawings, and /or specifications. In the event the completed project does not comply with the approved application, the owner will be responsible to correct the work to conform to the approved application at his sole expense. This acknowledgement of responsibility is also applicable to any future Owner/Occupant of the residence having added the improvement listed above. **Architectural approval is for the purpose of aesthetic appearance within the community only. Please note: The Architectural Committee requires a maximum of forty-five days to review and process completed applications before modifications should begin.**

By signing this document, I certify that the items included represent a true representation of the improvements that I plan to make on my property.

Homeowner's Signature: _____ Date _____

Return Completed Application to one of the following Committee Members

Dee Schmidt (951) 723-1800; Myrna DuBord (951) 301-7039; Charlotte Ross (951) 206-4154
Pearl Reeves (951) 370-0634 or Mary Beasley (909) 499-6833

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NOTICE OF COMPLETION

This form must be completed and returned to the Architectural Committee within 30 days after the approved improvements have been completed.

Owner Name: _____ **Date:** _____

Property Address: _____

Mailing Address (if different from above): _____

Email Address: _____

Home Phone: _____

Mobile Phone: _____

Summary of Completed Improvements:

Attachments (check box to indicate they have been enclosed):

Copies of photographs of all improvements included. Please note that the Notice of Completion form is not complete if photographs of improvements are not enclosed.

Signature: _____ **Date:** _____

By signing this form, the homeowner is stating that improvements completed are in accordance to the scope and specification of the approved Architectural Application and in accordance with the Community's Architectural Guidelines.

Return Completed Notice of Completion to one of the following Committee Member
Dee Schmidt (951) 723-1800; Charlotte Ross (951) 206-4154; Pearl Reeves (951) 370-0634 or Mary Beasley (951) 301-5070