

Submittal Reference Number (HOA Issued):	The Club Homeowners Association	Date Submitted:
	Request for Architectural Approval	

Submit to: Seabreeze Management Company Inc: Attn: Rebekah Waldo,
 391 N. Main Street, Suite 203, Corona, CA 92879
Rebekah.waldo@seabreezemgmt.com

Owner Name:

Property Address:

Email:

Home Phone: Cell/Work Phone:

HOA Group: Nature of work:

Please describe the work you are proposing:

*ATTACH PAINT CHIPS, MANUFACTURERS' BROCHURES, PHOTOS, AND ACCURATE MEASUREMENTS AS APPROPRIATE. ATTACHMENT: ___ YES ___ NO

The CC&Rs require approval by the Architectural Committee prior to commencement of work that will add to, remove, or alter the appearance of a home in The Club Homeowners Association. Please have signed approvals in hand before starting any such work. Work must commence within 90 days of approval which will occur within 30 days of receipt by the HOA.

PLEASE NOTE: Approval of this request does not relieve the applicant from obtaining any necessary building permits and/or approvals from the City of Claremont or any other government agency as required by the Uniform Building Code. The homeowner is responsible for the maintenance and protection of existing grading and drainage patterns on their lot. Any damage to the property, immediately adjacent property, or the common area arising from the work proposed herein is the responsibility of the homeowner who is liable for all costs related thereto. Please call Rebekah Waldo (Property Manager) 951-808-3589 with questions.

Signed (homeowner)	Date
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Date(s) received

Date received by Mgmt.	Date received by Arch. Comm.
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Arch. Comm. Approved	Returned for modifications	Approved as modified	Rejected
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Modification request/Reason for rejection:

Architectural Committee Signatures (2 required)

Signed _____ Date _____ Signed _____ Date _____

Description of Work continued:

STUCCO COLOR

HOUSE TRIM

OTHER PAINT

PLACE
PAINT
CHIP
HERE

PLACE
PAINT
CHIP
HERE

PLACE
PAINT
CHIP
HERE

TO FINALIZE ARCHITECTURAL APPROVAL, PLEASE SUBMIT THE FOLLOWING AT PROJECT COMPLETION

NOTICE OF COMPLETION OF WORK

Owner's Name: ___

Address: _____

Telephone Number:

_____ Courtside _____ Single Family _____ Vista

PROJECT WAS COMPLETED ON:

FINAL INSPECTION OF THE WORK BY CODE AUTHORITY WAS COMPLETED ON _____
(IF APPLICABLE, PLEASE FORWARD A SIGNED COPY OF ALL BUILDING PERMIT(S) TO SEABREEZE MANAGEMENT COMPANY TO BE ADDED TO THIS APPLICATION.)

SIGNATURE OF HOMEOWNER:

DATE:

MAIL COMPLETED FORM TO: Seabreeze Management Company Inc: Attn: Rebekah Waldo,
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