

SEABRIDGE VILLAGE HOMEOWNERS ASSOCIATION

HOME IMPROVEMENT FORM

Forward To:

**SEABRIDGE VILLAGE HOMEOWNERS ASSOCIATION
c/o ACTION PROPERTY MANAGEMENT
2603 MAIN STREET
SUITE 500
IRVINE, CA 92614-4261**

ARCHITECTURAL REVIEW COMMITTEE

X _____
(Homeowner's Signature)

Name _____

Work Phone _____ Home Phone _____

Address _____, CA _____

PROJECTS BEING SUBMITTED: (Please check appropriate box)

Approximate Start Date ____/____/____ Finish Date ____/____/____

- AIR CONDITIONER
- GAZEBO – Homeowner Maintain to Appearance received
- TREES – Homeowner Maintenance Required
- LANDSCAPING - Homeowner Maintenance Required
 SIDE FRONT REAR
- FENCE(S) – Must be removable
- PATIO COVER
- WINDOW & DOOR REPLACEMENT
- ADDED ELECTRICAL OUTLETS
- PLUMBING MODIFICATIONS – Affecting Common Plumbing (within walls)
- ANTENNA/DISH

- OTHER: _____

Please ensure that the following details are shown on your plans and the following documents attached:

- NAMES OF PLANTS
- TYPE OF MATERIALS USED
- TYPE OF WOOD SURFACES
- COLOR SCHEME

- THREE (3) SETS OF PLANS OR DRAWINGS
- NEIGHBOR SIGNATURES

Thirty (30) day Approval process – (Allow For)

NOTE: Plans that are approved are not to be considered authorization to change the drainage plan as installed by the developer and approved by the City of Huntington Beach. The review is intended to consider aesthetic appearance of the drains, pipes and coring and other applicable aspects of drainage. Plans are not reviewed from the standpoint of structural safety or conformance with building or other codes.

Owner may also need to acquire approval from the City of Huntington Beach for permission to encroach within public easements or right-of-way. Building permits may need to be obtained from the City of for such improvements as patio covers, gazebos, spas, pools etc.

NEIGHBOR NOTIFICATION

It is the intent of the Architectural Review Committee to consult neighbors on any improvements, which may impact their use and enjoyment of their property. Neighbor approval or disapproval of a particular improvement shall only be advisory and shall not be binding in any way on the Architectural Review Committee's decision.

1. **Definitions:**

Facing Neighbor: Means the three (3) homes directly across the street

Adjacent Neighbor: Means all homes with adjoining property lines to the Lot in question.

Impacted Neighbor: Means all homes in the immediate surrounding area which would be affected by the construction of any improvement.

2. **Improvements Requiring Notification:**

Any exterior improvements that may impact the neighbors in the Community.

3. **Statement:**

The Facing, Adjacent and Impacted Neighbor Statement must be provided to the Architectural Committee to verify the neighbors have been notified about the proposed improvements.

4. **Homeowner:**

Must arrange, or have a contractor remove from the property, any construction debris, removed window's etc.

5. **Association:**

Reserves the rights to post inspect requested changes, and may require homeowner to comply with original request if completed work is deemed non-complaint.

6. **Homeowner Responsibility:**

Changes are entered into homeowner record file for future transactions.

SEABRIDGE VILLAGE HOMEOWNERS ASSOCIATION
FACING, ADJACENT AND IMPACTED NEIGHBOR STATEMENT

The attached plans were made available to the following neighbors for review.

FACING NEIGHBOR:

Name	Address	Signature
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FACING NEIGHBOR:

Name	Address	Signature
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FACING NEIGHBOR:

Name	Address	Signature
------	---------	-----------

ADJACENT NEIGHBOR:

Name	Address	Signature
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ADJACENT NEIGHBOR:

Name	Address	Signature
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IMPACTED NEIGHBOR:

Name	Address	Signature
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IMPACTED NEIGHBOR:

Name	Address	Signature
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The neighbors have seen the plans I am submitting for Architectural Review Committee approval (see above verification). I understand neighbor objections do not in themselves cause denial. However, the Architectural Review Committee will contact the neighbors to determine their objections and their appropriateness, if necessary.

SUBMITTED BY:

NAME: _____ **DATE:** _____

ADDRESS: _____