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| SMOKETREE STANTON HOMEOWNERS ASSOCIATION Home Improvement Application |
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By signing below, I am acknowledging the fact that I have had an opportunity to review neighbors proposed improvements or alterations to their home. I understand that this is a requirement for the owner to obtain my signature and that in the event I have concerns or issues I may address them with the applicant and/or submit my concerns in writing to the management company in the time frame mentioned above.

NAME AND ADDRESS OF NEIGHBORS WITHIN 100' OF SUBJECT PROPERTY

| | | |
|---------------|---------|-----------|
| Neighbor Name | Address | Signature |
| Neighbor Name | Address | Signature |
| Neighbor Name | Address | Signature |
| Neighbor Name | Address | Signature |
| Neighbor Name | Address | Signature |

The neighbors noted above have seen the plans I am submitting for Architectural Committee approval. I understand neighbor objections do not in themselves result in a denial. However, if necessary, the Architectural Committee will contact the neighbors to determine objections, as well as the feasibility of the plans.

Subject Address: _____

Date: _____ Applicant Signature _____

SMOKETREE STANTON HOMEOWNERS ASSOCIATION
Home Improvement Application

General Terms and Conditions

1. Smoketree Stanton Homeowners Association architectural approval does not constitute waiver of any requirements set forth by applicable government agencies.
2. Architectural approval of plans does not constitute acceptance of any technical or engineering specifications and Smoketree Stanton Homeowners Association assumes no responsibility for such. The function of the Architectural Control Committee is to review submittals as to aesthetics, community design, and compliance with the CC&R's.
3. All technical and engineering matters are the responsibility of the owners.
4. An oversight of a Covenant, Condition or Restriction, or a Committee policy does not constitute waiver of that rule and therefore must be corrected upon notice.
5. Access for equipment used in construction must be through your property only. Access over Community Property will not be permitted without prior, written approval from the association Board of Directors or management.
6. Streets may not be obstructed with the objects and building materials that are hazardous to pedestrians, vehicles, etc. Items such as, but not limited to, dumpsters, sand and building materials may not be stored on streets, sidewalks or community Property.
7. Building permits may be required for certain improvements from the City of Stanton and/or the County of Orange.
8. Any damage to Smoketree Stanton Homeowners Association property will be replaced or repaired by a Smoketree Stanton Homeowners Association subcontractor. All applicable charges for restorations will be charged back to the unit owner by the Smoketree Stanton Homeowners Association and is due within 30 days from notification or assessment of penalties.
9. **The approval process is a 30-day process.** All reasonable efforts will be made to expedite the review of your plans. If and when the association grants approval, the approval will be valid for **6 months** from the issuance of the approval letter from the association. Any work not completed within that time frame will be deemed unapproved and the owner must resubmit their application to the association's Architectural Committee.
10. All terms and condition noted in the association's CC&R's and Approval Procedures and Design Guidelines are applicable and may be enforced by the Board of Directors.

Subject Address: _____

Date: _____ Applicant Signature _____

SMOKETREE STANTON HOMEOWNERS ASSOCIATION
Home Improvement Application

Subject Address: _____

Date: _____ Applicant Signature _____

Architectural Committee Review Only

Date submitted to committee: _____

Recommended Approval Conditional Approval Recommended as follows:

Recommended Disapproval for the following reason(s):

Date: _____ Signature: _____

Architectural Committee

Board of Directors Review

Date submitted to Board of Directors: _____

Recommended Approval Conditional Approval Recommended as follows:

Recommended Disapproval for the following reason(s):

Date: _____ Signature: _____

Board Member / Account Manager