

----- LAGUNA AUDUBON II MASTER ASSOCIATION -----  
Solar & Powerwall Application

: : Incomplete applications will not be considered by the Committee : :

**Paper applications - deliver or mail to:**  
**Laguna Audubon II Master Association**  
**c/o Seabreeze**  
**26840 Aliso Viejo Parkway - Suite 100**  
**Aliso Viejo, CA 92656**

**Electronic applications email to:**  
[LA2Arch@seabreezemgmt.com](mailto:LA2Arch@seabreezemgmt.com)  
**With your address in the Subject Line**

Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different) : \_\_\_\_\_

Email \_\_\_\_\_ Phone Number: \_\_\_\_\_

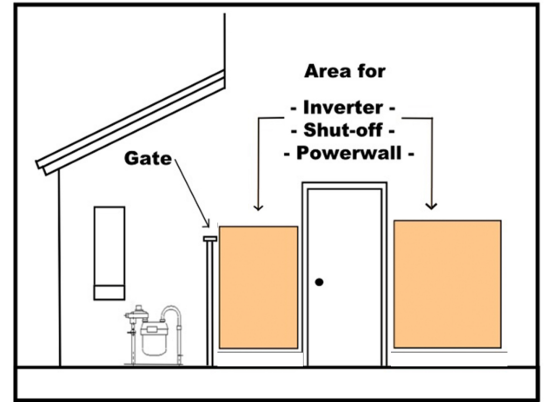
Solar System Installer :

Contact's Name & Firm: \_\_\_\_\_

Email \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I UNDERSTAND AND AGREE THAT:**

- No work on this request shall commence until written approval of the Committee has been received or I will be responsible for the cost to bring the improvement to within the Guidelines.
- Power walls or batteries are to be mounted behind the gate out of view of the street.
- The installation of Solar Panels is to be flat to the roof on which they are attached.
- Inverters and shut offs are to be placed behind gate, out of view from the street, below the fence line. Service panels, sub panels and conduit to be painted to match the wall.



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Architectural Review Committee Use Only**

Original Application       Re-Submitted Application

Received by: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Approved       Denied ( list reasons including Guidelines ) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Committee Members ( at least 3 signatures required ):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Chairperson \_\_\_\_\_

----- LAGUNA AUDUBON II MASTER ASSOCIATION -----  
Neighbor Awareness Form

Homeowner \_\_\_\_\_ Property Address \_\_\_\_\_

**Signing this form does not denote approval of the plans.**

The intent is to advise your neighbors who own property in the immediate vicinity of your property, of your improvement plans. If your neighbor behind you isn't impacted by your improvement, you do not need to get their signature of awareness.

**Neighbors must sign this form and may add their comments in the space provided below.  
 Each neighbor must ALSO initial each set of plot plans / professional drawings.**

Advise your neighbor that he/she may independently submit comments to the management company. A neighbor's objection to the plans will not necessarily cause Committee denial of the plans if the plans comply with the Community Design Guidelines.

Final decision is made by the Committee.

**REAR NEIGHBOR (if applicable)**

Address \_\_\_\_\_

Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

**REAR NEIGHBOR (if applicable)**

Address \_\_\_\_\_

Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

**REAR NEIGHBOR (if applicable)**

Address \_\_\_\_\_

Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

**NEXT DOOR NEIGHBOR**

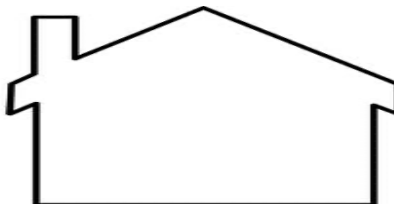
Address \_\_\_\_\_

Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_



**YOUR HOUSE**

Address \_\_\_\_\_

**NEXT DOOR NEIGHBOR**

Address \_\_\_\_\_

Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

STREET

**FACING NEIGHBOR**

Address \_\_\_\_\_

Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

**FACING NEIGHBOR**

Address \_\_\_\_\_

Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

**FACING NEIGHBOR**

Address \_\_\_\_\_

Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Circulated by: \_\_\_\_\_ Date: \_\_\_\_\_