

----- LAGUNA AUDUBON II MASTER ASSOCIATION -----

Landscape - Hardscape - Exterior Modification Application

Additional applications can be found on the website for: Exterior Paint - Solar - Mailboxes Upgrade - Satellite Dish & Antenna Approval

Submittal Checklist: For any questions, contact **Norma Fowler at: norma.fowler@seabreezemgmt.com**

- Guidelines and CCRs** - I've read this information pertaining to the improvements and procedures included in this application.
- Completed Application Form** - signed and dated
- Neighbor Awareness Form** – Completed - If you cannot contact your neighbor, proof of a certified letter is to be provided.
- Plot Plan / Elevation Drawings** – (2 copies) Drawn to scale, with details, and easily read. Each page signed by neighbors.
- Brochures / Flyers** To illustrate design styles, colors, materials. If included, circle exactly what you intend to install.
- Samples** - of turf, vinyl fencing, special masonry etc.
- Electronic Files** - If your professionally drawn plans are electronic, include a PDF version in your emailed 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
Your house address in the Subject Line

Homeowner: _____ Date: _____

Property Address: _____

Mailing Address (if different) : _____

Email _____ Phone Number: _____

Architect, Engineer or Homeowner's Representative (if applicable) :

Name & Firm: _____

Email _____ Phone Number: _____

Application Type (Check all that apply) :

- | | |
|--|---|
| <input type="checkbox"/> Landscaping (<i>planting: include pot size, type, # of plants</i>) | <input type="checkbox"/> Room Addition |
| <input type="checkbox"/> Pool / Spa | <input type="checkbox"/> Garage Door |
| <input type="checkbox"/> BBQ / Firepit / Fireplace | <input type="checkbox"/> Window / Front Door Replacement |
| <input type="checkbox"/> Artificial Turf (<i>MUST provide a sample</i>) | <input type="checkbox"/> Lighting: Fixtures visible from the street or common area |
| <input type="checkbox"/> Hardscaping (<i>pavers, driveway, walkways etc</i>) | <input type="checkbox"/> Patio Cover / Gazebo / Deck |
| <input type="checkbox"/> Fences / Walls (<i>Co-Owners of Fence must submit separately if you are applying for vinyl - a sample must be provided</i>) | <input type="checkbox"/> OTHER: Briefly explain improvements on lines below (Attach additional sheet if necessary): _____ |

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. I acknowledge that any / all encroachments into utility or other easements are clearly indicated on the submittal plans.

Signature: _____ Date: _____

Architectural Review Committee Use Only

Original Application Re-Submitted Application

Application Received by: _____ Date Received: _____

Approved Denied (list reasons including references to Guideline sections) _____

Reviewed by Committee Members on _____ / _____ / _____ (min of 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:

 Signature: _____

REAR NEIGHBOR (if applicable)
 Address _____
 Name _____
 Comments:

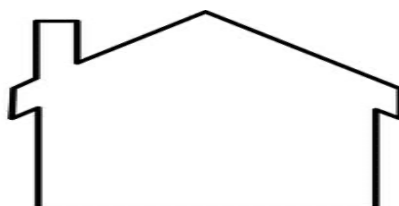
 Signature: _____

REAR NEIGHBOR (if applicable)
 Address _____
 Name _____
 Comments:

 Signature: _____

NEXT DOOR NEIGHBOR
 Address _____
 Name _____
 Comments:

 Signature: _____



YOUR HOUSE

Address _____

NEXT DOOR NEIGHBOR
 Address _____
 Name _____
 Comments:

 Signature: _____

STREET

FACING NEIGHBOR
 Address _____
 Name _____
 Comments:

 Signature: _____

FACING NEIGHBOR
 Address _____
 Name _____
 Comments:

 Signature: _____

FACING NEIGHBOR
 Address _____
 Name _____
 Comments:

 Signature: _____

Circulated by: _____ Date: _____