

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

**Landscape - Hardscape - Exterior Modification Application**

*Notice: Architectural Applications must be submitted 7 days prior to the monthly Architectural Meeting*

**Submittal Checklist:** For any questions, contact **Christopher Wilks** at: [christopher.wilks@seabreezemgmt.com](mailto:christopher.wilks@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](mailto:LA2Arch@seabreezemgmt.com)  
Property 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 ( One application per improvement below, check 1 box ) :**

- |  |   |
|--|---|
| <input type="checkbox"/> Landscaping ( <i>planting: include pot size, type, # of plants</i> )  | <input type="checkbox"/> Room Addition (\$300 Architect Fee to be Charged)  |
| <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.

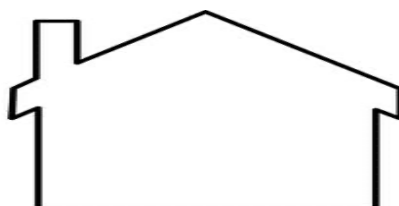
Final decision is made by the Committee.

**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: \_\_\_\_\_