

PEACOCK HILLS SENIOR COMMUNITY ASSOCIATION, INC.

ARCHITECTURAL REVIEW COMMITTEE

C/O ASSOCIATED PROFESSIONAL SERVICES



REQUEST FOR APPROVAL

Property owner shall submit this request to Architectural Review Committee C/O Associated Professional Services for preliminary review and approval prior to the start of any work and/or Final Approval

DATE \_\_\_/\_\_\_/\_\_\_

Property Owner(s) Name \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address \_\_\_\_\_ Lot # \_\_\_\_\_

Owner(s) Address (if different than above) \_\_\_\_\_

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Proposed work and/or improvement (Please Check)

- ROOF, GARAGE DOOR, WINDOWS, PAINTING, FENCE, CONSTRUCTION\*, LANDSCAPE, SHED, OTHER

\*CONSTRUCTION includes any alteration or addition attached to the house structure as defined by the City of Oceanside Building Code Section 301.

- Please refer to Declaration of Restrictions, Article 9, Sections 9.9 thru 9.13 for requirements for approval. Provide a plan or sketch of property boundaries and house in relation to the proposed improvement. All "Construction" requests requiring permit will receive "Preliminary Approval" to proceed with filing with the City of Oceanside Building Department. A Building Department Approved set of plans must be submitted for review

Description of Proposed work and/or improvement to be completed.

Blank lines for description of proposed work and/or improvement.

Proposed Construction Materials, Paint Color(s), Roof Color and Style

Blank line for proposed construction materials, paint color(s), roof color and style.

Property Owner(s) Signature \_\_\_\_\_

Do not write below this line

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Table with columns: Date plan review, Approved/Not Approved, YES, NO, N/A, By

APPROVAL [ ] GRANTED [ ] DENIED DATE \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_

FINAL APPROVAL [ ] GRANTED [ ] DENIED DATE \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_

This Preliminary Approval will expire 180 days from original approval date if no progress has been made on proposed project.

**PEACOCK HILLS SENIOR COMMUNITY ASSOCIATION, INC.**

**ARCHITECTURAL REVIEW COMMITTEE**

C/O ASSOCIATED PROFESSIONAL SERVICES



**REQUEST FOR APPROVAL  
SUPPLEMENTAL**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Owner(s) Name \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address \_\_\_\_\_ Lot # \_\_\_\_\_

Owner(s) Address (if different than above) \_\_\_\_\_

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*This supplemental form shall be used to provide necessary additional information not provided on original Request for Approval.*

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