

F.A.B.S., INC.
HOMEOWNER ASSOCIATION MANAGEMENT
39 CALIFORNIA AVENUE, SUITE #108
PLEASANTON, CA 94566-6279
925-249-8800 Phone
925-249-9006 Fax
E-mail: fabsinc@aol.com

ARCHITECTURAL MODIFICATION REQUEST FORM

NAME: _____ DATE: _____

ADDRESS _____

WORK PHONE: _____ HOME PHONE: _____

It is necessary to include in this application anything that will be **above the fence line** in back of the house and everything in the front of the house.

Check the list of applicable improvements:

Front Yard Landscaping

Trees

Shrubs

Planters, raised beds

Fixed Patio Furniture

Retaining walls

Paving

Other _____

Back Yard Landscaping

Trees

Shrubs

Storage buildings and areas

Athletic and play equipment

Fixed Patio furniture

Other _____

Front Structural Changes/Additions

Overhead garden structures

Painting

Building alteration

Building addition

Fences

Lighting Fixtures

Other _____

Back Structural Changes/Additions

Overhead garden structures

Painting

Building alteration

Building addition

Fences

Lighting Fixtures

Other _____

PLEASE ATTACH COPIES OF SKETCHES OR PLANS OF ALL IMPROVEMENTS REQUESTED FOR APPROVAL. THESE MUST BE SUBMITTED AND ATTACHED TO THE APPLICATIONS TO SHOW LOCATION, DIMENSIONS, CONSTRUCTION MATERIAL, COLOR AND ANY DESCRIPTION NEEDED FOR THE ARCHITECTURAL COMMITTEE TO VISUALIZE THE APPEARANCE OF THE FINISHED PROJECT.

Will a licensed contractor perform the work? YES NO

If yes, Name of Contractor: _____

Address: _____

Phone: _____ License #: _____

NOTE:

1. Applicant agrees and understands that submission of this form alone does not fulfill all requirements for approval. Committee may require additional information in order to make a decision. Until all information has been received, the application stands disapproved.
2. It is the homeowner's responsibility to confirm receipt by FABS of the Request Form.
3. Applicant understands that if the committee requires modifications to the plan, special conditions may be placed on the completion of work.
4. Applicant understands that failure to receive approval from the city in which the property is located. Where and when necessary, or committee approval, constitutes automatic authorization by the applicant to the Association to have the work brought into conformance with approved plans, specifications and special requirements at the complete expense of the applicant/homeowner.
5. Applicant understands that approval and construction of said project also entails continued maintenance of said improvement for the life of that improvement.
6. All Architectural Modification Forms will be reviewed and approved by the Board of Directors at the next scheduled meeting.
7. It is the owner's responsibility to check with the management company for approval/disapproval prior to any changes and/or additions begin.

APPLICANT'S SIGNATURE _____ DATE: _____

RECEIPT VERIFIED/DATE: _____ BY: _____

DO NOT WRITE BELOW THIS LINE – FOR HOA USE ONLY

____ APPROVED SIGNED _____ DATE _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

____ APPROVED WITH FOLLOWING CONDITIONS: _____

____ ADDITIONAL INFORMATION REQUIRED: _____

____ DENIED REASON FOR DENIAL: _____

SIGNED: _____ DATE _____

SIGNED: _____ DATE _____

SIGNED: _____ DATE _____

ARCHITECTURAL CONTROL COMMITTEE MEMBER ASSIGNED TO ASSIST WITH IMPROVEMENT:
PHONE: _____

INSPECTED BY: _____ DATE _____