

EXHIBIT A

HOME IMPROVEMENT FORM

University Gables
c/o Encore Property Management, Inc.
P.O. Box 1117
Corona, CA 92882-7102
(714) 692-1670

PROJECT: University Gables
UNIT # _____

Name _____ Home Phone _____

Work Phone _____

Address: _____ Lot/Unit #: _____

NOTE: It is recommended that all Requests to the HAC be accomplished at least thirty (30) days prior to scheduling any construction. Questions should be directed to Management at (714) 692-1670.

PROJECTS BEING SUBMITTED: (Please check appropriate box)

Start / / Finish / /

Floorplan: _____

- | | |
|--|--|
| <input type="checkbox"/> DECK | <input type="checkbox"/> LANDSCAPING |
| <input type="checkbox"/> DRAINS (IF ALTERING EXISTING GRADE) | <input type="checkbox"/> FRONT |
| <input type="checkbox"/> FENCE(S) OR | <input type="checkbox"/> SIDE |
| <input type="checkbox"/> WALL(S) | <input type="checkbox"/> REAR |
| <input type="checkbox"/> SIDEYARD RETURN | <input type="checkbox"/> TREES |
| <input type="checkbox"/> SIDE | <input type="checkbox"/> PATIO COVER |
| <input type="checkbox"/> REAR | <input type="checkbox"/> PAINTING |
| <input type="checkbox"/> RETAINING | <input type="checkbox"/> PLAYHOUSE |
| <input type="checkbox"/> EXTENSION | <input type="checkbox"/> POOL AND EQUIP. |
| <input type="checkbox"/> RELOCATION | <input type="checkbox"/> SCREEN DOOR(S) |
| <input type="checkbox"/> GUTTERS | <input type="checkbox"/> SPA AND EQUIP. |
| <input type="checkbox"/> OTHER: _____ | |

NOTE: No construction of any kind is permitted until written approval from the HAC is received.

Plans that are approved are not to be considered authorization to change the drainage plan as installed by the developer and approved by the City of Buena Park. The review is intended to consider aesthetic appearance of the drains, pipes and coring and other applicable aspects of drainage.

Owner may also need to acquire approval from the City of Buena Park for permission to encroach within any City easement area.

The following items are to be included in your Request:

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<input type="checkbox"/>	Three (3) set of Improvement Plans, showing proposed Improvements and relevant elevations and dimensions.
<input type="checkbox"/>	Description and samples of materials to be used
<input type="checkbox"/>	Fencing/Walls (if applicable). <ul style="list-style-type: none">• Dimensions, height• Material and color• Design
<input type="checkbox"/>	Patio Covers and other outside installations (if applicable). <ul style="list-style-type: none">• Dimensions, include maximum height• Material and color
<input type="checkbox"/>	Pools, Spas and Hot Tubs (if applicable) <ul style="list-style-type: none">• Accessory equipment location• Location of solar panels (if proposed)
<input type="checkbox"/>	Landscape plan and working drawings (if applicable). <ul style="list-style-type: none">• Type of plants, shrubs or trees• Plotted locations• Size• Maximum height at maturity
<input type="checkbox"/>	Drainage plans (if applicable). <ul style="list-style-type: none">• Sprinkler and drainage detail• Plotted locations
<input type="checkbox"/>	Floorplans (if applicable).
<input type="checkbox"/>	Facing, Adjacent and Impacted Neighbor Statement (Exhibit B).
<input type="checkbox"/>	Access over Common Area requested (if applicable).
<input type="checkbox"/>	Other information or documentation.

I UNDERSTAND AND AGREE THAT, no work on this Request shall commence until written approval has been granted by the HAC. I agree to complete all Improvements and maintain my Lot/Unit in accordance with my approved plans and the Property Use and Maintenance Regulation for University Gables. I understand construction of approved Improvements shall be completed no more than one hundred twenty (120) days after receipt of approval from the ARC.

Owner Signature

Owner Signature

Date

Date

DO NOT WRITE BELOW THIS LINE

[FOR ARC USE ONLY]

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Approved:	Hardscape	Landscape	_____
Incomplete:	Further information is required, letter is attached.		
Disapproved:	_____		

This Request was reviewed this _____ day of _____, 20____.

Signature

Signature

PRINT NAME

PRINT NAME

Signature

PRINT NAME

NEIGHBOR NOTIFICATION

It is the intent of the HAC to consult neighbors on any Improvements which may impact their use and enjoyment of their property. Neighbor approval or disapproval of a particular Improvement shall only be advisory and shall not be binding in any way to the HAC's decision.

1. Definitions: Facing Neighbor; Adjacent Neighbor, and Impacted Neighbor.

Facing Neighbor: The three (3) Lots/Units most directly across the street.

Adjacent Neighbor: All Lots/Units with adjoining property lines to the Lot/Unit in question.

Impacted Neighbor: All Lots/Units in the immediate surrounding area which would be affected by the construction of any Improvement.

2. Improvements Requiring Notification:

Any exterior Improvements that may impact the neighbors in the community.

3. Statement:

The Facing, Adjacent and Impacted Neighbor Statement (Exhibit B) must be provided to the ARC to verify the neighbors have been notified about the proposed Improvements.

EXHIBIT B

UNIVERSITY GABLES

FACING, ADJACENT AND IMPACTED NEIGHBOR STATEMENT

The attached plans were made available to the following neighbors for review:

FACING NEIGHBOR:

Name	Address	Lot/Unit #	Tract #	Signature
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FACING NEIGHBOR:

Name	Address	Lot/Unit #	Tract #	Signature
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FACING NEIGHBOR:

Name	Address	Lot/Unit #	Tract #	Signature
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ADJACENT NEIGHBOR:

Name	Address	Lot/Unit #	Tract #	Signature
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ADJACENT NEIGHBOR:

Name	Address	Lot/Unit #	Tract #	Signature
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IMPACTED NEIGHBOR:

Name	Address	Lot/Unit #	Tract #	Signature
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IMPACTED NEIGHBOR:

Name	Address	Lot/Unit #	Tract #	Signature
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The neighbors have seen the plans I am submitting for HAC approval (see above verification). I understand neighbor objections do not in themselves cause denial. However, the HAC will contact the neighbors to determine their objections and their appropriateness, if necessary.

SUBMITTED BY:

Name _____ Date _____

Address: _____ Lot/Unit #: _____

EXHIBIT C
UNIVERSITY GABLES
STATEMENT OF COMPLIANCE

Notice is hereby given that:

The undersigned is the owner(s) of the property located at

Address: _____ Unit/Lot #: _____

The work of Improvement on the described property was COMPLETED ON the _____ day of _____, 20____ in accordance with the HAC's written approval of the above owner's plans and submitted package.

Signature of Owner: _____

Signature of Owner: _____

Date: _____

Phone: _____

PLACE PHOTO HERE

THIS SECTION FOR HAC USE ONLY:

Date Received: _____ Date Inspection Performed: _____

Date File Closed: _____ Authorized Representative: _____

Comments and/or Corrections Noted:







