

SPECIAL ATTENTION

APPROVAL MUST BE OBTAINED PRIOR TO ANY EXTERIOR IMPROVEMENTS

**Architectural plans must be mailed.
Faxed plans are not acceptable.**

You may also drop your plans off at Encore Property Management, 526 Queensland Circle, Corona, CA 92879. Plans can be dropped off between the hours of 9:00 am and 5:00 pm, Monday through Friday. The office is closed between 12:00 pm (noon) and 1:00 pm for lunch.

If you wish to meet with the Architectural Coordinator, you must make an appointment. Appointments should be made at least 24 hours in advance. Appointments can be scheduled between the hours of 9:00 am - 11:00 am and 1:00 pm - 4:00 pm. To schedule an appointment, please call one of the following numbers:

951-279-3934

714-692-1670

Submittal Checklist and Application

ORCHARD GLEN COMMUNITY ASSOCIATION
DESIGN REVIEW COMMITTEE APPLICATION

(Owner to Complete)

Please complete this request form, the submittal checklist form and attach three (3) copies of your proposed improvement plans. **Incomplete applications will not be considered and will be returned.** To assure prompt consideration, review all submittal materials for completeness before sending them to the Design Review Committee:

Mail to: ORCHARD GLEN DESIGN REVIEW COMMITTEE
C/O ENCORE PROPERTY MANAGEMENT
526 QUEENSLAND CIRCLE, CORONA, CA 92879
P.O. BOX 1117 CORONA, CA 92878-1117

From: _____ Date: _____
Owner

_____ Mailing Address _____ City _____ Zip _____
() _____ () _____
Area Code Home Phone Number Area Code Work Phone Number

Property Address: _____

Lot No: _____ Tract No: _____

Architect, Engineer or Owner's Representative: (If applicable)

_____ Contact _____ Company Name

Address

Description of Improvements desired - give full details of type and extent of Improvements, material, colors and location on the lot.

ORCHARD GLEN COMMUNITY ASSOCIATION
DESIGN REVIEW COMMITTEE APPLICATION

(Owner to Complete)

I UNDERSTAND AND AGREE THAT:

1. No work on this request shall commence until written approval of the Design Review Committee has been received.
2. The "General Conditions of Approval" section of the Architectural Standards shall apply to any approval.

SIGNATURE: _____
Owner

Date: _____

Received by the Design Review Committee: Date: _____

(Do Not Write Below Line To Be Completed By Design Review Committee Only)

Committee Comments: _____

APPROVED

CONDITIONAL APPROVAL

DISAPPROVED

- Incomplete Submittal
- Require Additional Information

- Community CC&Rs
- Notes on plans
- Appearance Evaluation Review Checklist
- Letter dated _____
- Notes on plans
- Neighbor Review Signature
- Neighbor Review Signature

RETURNED TO APPLICANT/OWNER

Date: _____

COMMITTEE SIGNATURE(S):

Signature

Date

Signature

Date

Signature

Date

ORCHARD GLEN COMMUNITY ASSOCIATION

NEIGHBOR AWARENESS FORM

(Owner to Complete)

NEIGHBOR AWARENESS - The intent is to advise your neighbors who own property adjacent to your lot (property) line. Neighbors must sign this form and may add their comments in the space provided below. Each neighbor must also initial each set of plans. The neighbor is not approving or disapproving of your plan.

Neighbor Name, Address, Tract

Address

Signature

Date Opinion
 ___Agree ___Disagree

Neighbor Name, Address, Tract

Address

Signature

Date Opinion
 ___Agree ___Disagree

Neighbor Name, Address, Tract

Address

Signature

Date Opinion
 ___Agree ___Disagree

Neighbors
Comments: _____

NEIGHBOR AWARENESS FORM

ORCHARD GLEN COMMUNITY ASSOCIATION

**DESIGN REVIEW COMMITTEE APPLICATION
CHECKLIST**

(Owner to Complete)

This checklist must be completed by Owner and be attached to the Design Review Committee Application. Failure to complete and include this checklist constitutes an incomplete submittal. All incomplete submittals will be returned without review by the Committee.

A description of what must be included on each of the drawings required below may be found in the Architectural Standards.

PART I - ALL IMPROVEMENTS

This part lists the submittal requirements for All Improvements which must be included with any and all submittal requests.

- Completed Design Review Committee Application Form
- Signed Neighbor Awareness Form
- Submittal Checklist
- Plot Plan

PART II - LANDSCAPE IMPROVEMENTS

This part must be completed by all applicants for Improvements involving all landscaping in any yard (e.g. plant material, hardscape, spa or pool, fences and walls).

- Landscape Plan (may be included on plot plan)

PART III - EXTERIOR IMPROVEMENTS

This part must be completed for exterior alterations including room additions, trellis and sunshades, gazebos, balcony, window and door treatment and exterior color or material changes.

- Exterior Elevations
- Floor Plans (in the case of detached structures such as gazebos, floor plans may be included on the plot plan).

SUBMITTAL CHECKLIST Page One

ORCHARD GLEN COMMUNITY ASSOCIATION
**DESIGN REVIEW COMMITTEE APPLICATION
CHECKLIST**

(Owner to Complete)

PART IV - SPACE IMPROVEMENTS

This part must be completed for space Improvements such as room additions, large decks and room conversions affecting the exterior appearance of the home.

- Exterior Elevations
- Floor Plans (may be included on plot plan)
- Building Section(s)
- Roof Plan

SUBMITTAL CHECKLIST Page Two

ORCHARD GLEN COMMUNITY ASSOCIATION

NOTICE OF COMPLETION

Notice is hereby given that:

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

Address: _____ Tract/Lot #: _____

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

Signature of Owner: _____

Signature of Owner: _____

Date: _____

Phone: _____

ENCLOSE PHOTOS OF IMPROVEMENTS WITH THIS FORM

THIS SECTION FOR OFFICE USE ONLY:	THIS SECTION FOR ARC USE ONLY:
Date Received: _____	Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>
Date sent to DRC: _____	Date Inspection Performed: _____
Date received from DRC: _____	Authorized Representative: _____
Date File Closed: _____	Authorized Representative: _____
	Authorized Representative: _____
Comments and/or Corrections Noted:	

