

ACC Design Review Application

Seasons Court Association, 1516 Howard Rd, #189, Madera, CA 93637

Email: seasonscourt@gmail.com

Date: _____

HOMEOWNER NAME: _____

HOUSE ADDRESS: _____

MAILING ADDRESS: _____ CITY _____ ZIP _____

CELL: _____ EMAIL: _____

CONTRACTOR NAME: _____

CONTACT INFO: PHONE: _____ EMAIL: _____

WHAT TYPE OF IMPROVEMENTS / CHANGES DO YOU WANT TO MAKE? PLEASE DESCRIBE YOUR IMPROVEMENTS (attach additional documentation and **drawings** as needed):

I understand that I must receive approval of the Association from the Architectural Control Committee in order to proceed. I understand that Association approval does not constitute approval of the local building department and that I may be required to obtain approval or permits from governmental agencies (i.e. city, county, state, etc). I understand that my improvement must be completed per specifications or approval is withdrawn

I certify that all the information provided is true and accurate and that no false statement or descriptions have been provided. If any changes are made during the construction time, the information will be provided to the Architectural Control Committee.

OWNER'S SIGNATURE: _____ DATE: _____

Project planned Completion Date: _____

COMMITTEE ACTION:

Approved as submitted:

Approved subject to the following requirements:

Disapproved for the following reasons:

Completion required by this date : _____

Committee Member: _____ Date: _____