

**LEISURE TOWN HOME ASSOCIATION
APPLICATION FOR ARCHITECTURAL REVIEW**

NAME _____ LOT # _____
PROPERTY ADDRESS _____ SUBDIVISION _____
MAILING ADDRESS (if different) _____
HOME PHONE _____ FAX NUMBER _____ WORK/CELL PHONE _____
E-MAIL ADDRESS _____

- Applicant agrees and understands that the application does not fulfill all of the requirements for an approval. In addition to this completed "Application for Architectural Review", the applicant must submit one (1) set of plans and specifications showing the nature, kind, shape, height, materials, and locations (with set-backs) of the proposed architectural alteration. It is understood by the applicant that the submission be in writing. Additional information may be required as deemed necessary to make a decision. For custom home approvals, material samples are required to be submitted. Until all information is submitted, the application will be deemed to be incomplete and the application will stand unapproved.

-Applicant agrees and understands that, in the event the modification is approved, "special conditions" of construction and maintenance on the approved work may be imposed. Any special conditions shall be attached and be part of the approval. Any deviation from the approved plan specification or special conditions shall cause the permit to terminate and become null and void.

-Applicant understands that it is their responsibility to know and understand the City of Vacaville minimum requirements and regulations related to their specific project. Applicant understands that all necessary permits and approvals from municipalities or other jurisdictions are the sole responsibility of the applicant, and that approval of this application is subject to the applicant receiving all such necessary permits and approvals.

For your information: Applicant understands that it is their responsibility to know and understand the City of Vacaville minimum requirements and regulations related to their specific project, if applicable.

DESCRIPTION OF PROPOSED PLAN OR MODIFICATION (please use reverse side if additional space is needed)

Please note: For your information California State Law requires that any contractor performing \$500 worth of work or more (including materials and labor) must be licensed by CSLB to work in California. Please include contractor's information if applicable.

Contractor Name _____ Phone # _____ CSLB # _____

Anticipated construction completion date _____ (This application expires 12 months after approval date)

*Please submit this application along with one (1) set of plans or drawings showing all required information.
Applicant agrees to the foregoing conditions. Applicant to contact LTHA office upon completion of project.

Signature _____ Date _____

TO BE COMPLETED BY MANAGEMENT	APPLICATION # _____
Date Received: _____ Date Submitted to Committee for Review: _____ Date Approval Sent to Owner: _____	
Conditions: _____ _____ _____	

Notification to Management of Completed Construction (other improvement): _____	
Committee Member Assigned to: _____	
Comments: _____ _____ _____	
Sign Off As Complete by BOD Member: _____ Inspection Date _____	

SUBMIT APPLICATION TO: LEISURE TOWN HOME ASSOCIATION, 100 SEQUOIA DRIVE, VACAVILLE, CA 95687
PHONE: 707-448-8042, FAX: 707-448-4339, EMAIL: INFO@LTHA.ORG