

ACC Design Review Application

Lake Don Pedro Owners Association
5182 Fuentes de Flores
La Grange, CA 95329
Office (209) 852-2312 - Fax (209) 852-2771
Email: ldpoa@hughes.net

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE SENT TO ACC _____

DATE RCVD FROM ACC _____

NAME _____ UNIT/LOT# _____

PROPERTY ADDRESS _____ HOME PHONE _____

CITY _____ WORK PHONE _____

MAILING ADDRESS _____

CONTRACTOR OR OWNERS REPRESENTATIVE (IF APPLICABLE)

NAME _____ PHONE _____

ADDRESS _____

MY REQUEST INVOLVES THE FOLLOWING TYPES OF IMPROVEMENTS:

New Home
Garage
Barn
Workshop

Other type Bldg
Room Addition
Roofing
Driveway

Patio/patio slab
Fencing
Landscaping
Other

DESCRIBE IMPROVEMENTS (attach additional documentation as needed):

Planned completion date: _____

For initial construction of a residence or any major additions or alterations, the ACC recommends final drawings not be prepared until after preliminary plans have been approved.

Attachments:	ACC review Fee \$50	*Roof Plan
	*Plot Plan (scale 1" = 50')	*Landscape Plan (hardscape and planting
	*Grading Plan	Color Board
	*Foundation Plan	Structural Sections
	*Septic Plan	Other
	*Floor Plan	Other
		*Exterior Elevations (scale 1/4" = 1' Include front, side and rear)

***1 set of plans required for LDPOA files**

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. county, state, etc). I understand that my improvements must be completed per specifications or approval is withdrawn.

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

OWNER'S SIGNATURE _____ **DATE** _____

COMMITTEE ACTION:

Approved as submitted

Approved subject to the following requirements:

Disapproved for the following reasons:

Completion required by: _____

Committee Member: _____ Date: _____