Ortega Crossing HOA , Inc.
Application for Architectural Review Committee Approval

Appl. Date:_____

Unit Owner's Name:_____Phone:_____

Unit Address:_____

Mailing Address: _____
(if different from Lot Address)

City:_____State:_____ Zip:_____

Type of approval desired: (Check all that apply). Please note assessments must be paid in full before the Board will consider application for changes.

( ) Above ground pool
( ) Fencing
( ) Shed
( ) Roof
( ) Change of paint color

If required, have you applied for the proper permits from all government authorities?

( ) Yes ( ) No

Describe the improvement(s) to be made: (Attach copy specifications plans and abbreviated specification, if applicable. Use additional sheets of paper if necessary.)

_____
_____
_____
_____
_____

Please refer to your Covenants, Conditions and Restrictions for guidelines on what is and is not permitted in your neighborhood.

Date Received:_____ Date Processed: _____ Date Mailed: _____

( ) Approved ( ) Disapproved
Signature(s) of Architectural Review Committee:

_____ _____

_____ _____

Return to Awakenings AMI: 904-3365 or email
Vina.Delcomyn@awakeningsami.com

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