



## ARCHITECTURAL APPLICATION (ARC)

Owner's Name: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Property Street Address: \_\_\_\_\_ Unit/Lot #: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Provide a description of the proposed improvement(s).

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**SUBMITTAL:** In addition to the application form, please include the following:

1. Description of the improvement.
2. Location of the improvement.
3. Materials to be used and color of materials.
4. Detailed drawing of improvements.
5. Name of person/contractor doing the work, including the Contractor's CCB license number, and proof of insurance listing the association as an additional insured.
6. The Association reserves the right to see a copy of all work invoices to determine the actual construction done.

## ARCHITECTURAL APPLICATION

I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the Association.
2. All work will be done at my expense and all future upkeep will remain my expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other owners and tenants.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.



7. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work.

Signature: \_\_\_\_\_ ARC Submittal Date: \_\_\_\_\_

*The ARC Committee or Board needs to review each request. Please allow adequate processing time.*

**Submit form one of the following ways: Email - [info@capartners.net](mailto:info@capartners.net)**

**Fax - 503-546-3401**

**Mail - CA Partners, PO Box 2429, Beaverton, OR 97075**

ARCHITECTURAL APPROVAL REQUEST

Approved as presented: \_\_\_\_\_

Approved with Conditions: \_\_\_\_\_

Deferred Pending Additional Info: \_\_\_\_\_

Denied: \_\_\_\_\_

Comments:

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