

EASTGATE HOMEOWNERS ASSOCIATION
APPLICATION FOR ARCHITECTURAL REVIEW AND APPROVAL

Date _____ Name _____
Address _____
Home phone _____ Work Phone _____

We request approval of the following:

*Please include scale drawing and location on property of improvement(s) and specifications as to materials to be used and finish color.

The work will be done by:

Contractor's Name _____ Address _____
License # _____ Phone # _____

1. I understand that if this application requires work of a contractor, I must choose a licensed, bonded, and insured contractor.
2. I further understand that if approval of this improvement is given, that I will be responsible to indemnify the association and hold it harmless from any damages or costs of a lawsuit that are filed due to the installation, construction, or presence of the described improvement.
3. I understand that I am responsible to maintain the improvement.

Signed _____ Print Name _____

APPROVED AS SUBMITTED _____ ARCHITECTURAL COMMITTEE

APPROVED AS NOTED BELOW _____ BY _____ DATE _____

REVISE & RESUBMIT _____ BY _____ DATE _____

NOT APPROVED _____ BY _____ DATE _____

Approved work must be completed within _____ () months of approval or resubmission for review and approval is required. All approvals are contingent upon homeowner acquiring all applicable permits required for the work.

NOTES/CONDITIONS: _____

Send back to: 1460 Washington Blvd. Suite A203, Concord, CA 94521
Or fax to (925) 672-4224