

Association Management & Support Services  
14780 Pipeline Avenue, Chino Hills, CA 91709  
909 444-7655 / 909 444-7657 Fax

Date Received \_\_\_\_\_

**CARBON CANYON I HOMEOWNERS ASSOCIATION**  
**Architectural Request Transmittal Form (Rev. 3/12)**

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**Please submit two sets of drawings, catalogue cuts and samples as required by the Carbon Canyon Homeowners Association Architectural Committee Standards, Procedures and Guidelines available through the HOA website or by request at the Management Office 909-444-7655.**

Description of requested project:

\_\_\_\_\_  
\_\_\_\_\_

Paint color: \_\_\_\_\_  
Mfg., #, & Stucco Color                      Mfg., #, & Trim Color                      Mfg., #, & Siding Color

Exact paint color samples must accompany this submittal if exterior painting is to be done. The Association retains color samples. Please submit drawings showing proposed external improvements and/or architectural alterations.

Article VIII, Section 1 of the Declaration of Covenants, Conditions and Restrictions (CC&R's) for Carbon Canyon I HOA requires architectural approval prior to any exterior construction or alternation. Failure to gain project approval from the Carbon Canyon I HOA Architectural Committee may result in fines up to \$900 and further legal action. The Association has 30 days from the day this submittal is received at Association Management & Support Services to approve, modify or reject this architectural project. Project must commence within 4 months (120 days) of approval and be completed within 6 months (180 days).

Approval of this request does not relieve applicant from obtaining the necessary building permits from the proper governmental agencies. Owner also agrees to indemnify and hold harmless the Association, its Directors, Employees, and Agents from and against any and all claims, damages, liabilities, arising out of or resulting from the installation of any Architectural Modification.

**This request and all drawings are to be submitted in duplicate.** The Association will retain one copy and one copy will be returned to the applicant.

Signature of property owner: \_\_\_\_\_ Date: \_\_\_\_\_

**ARCHITECTURAL REVIEW COMMITTEE**

Conditions of approval or reasons for disapproval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DISAPPROVED:** \_\_\_\_\_

Authorized Signatures (2 required):

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_