



Forward To:
LOS PASEOS MAINTNENACE CORPORATION
C/O Tritz Professional Management Services
1525 E. 17th Street, Suite A
Santa Ana, CA 92705
Email: Gricelda@tpms.net

Lot#: _____

Tract: _____

Windows Architectural Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

Rancho Santa Margarita CA 92688
City State ZIP Code

Phone: _____ Email _____

Best Way to contact: Phone Text Email Mail

Homeowner Signature: _____

**Signature acknowledges that applicant CANNOT commence project until approval from Los Paseos Maintenance Corporation & SAMLARC is obtained.*

Windows Installation Details

Approximate Start Date: _____ Finish Date: _____

Company Name: _____

Company Website: _____

Windows Project Details

TOTAL number of windows being installed? _____

What material will the window casing be? Aluminum Vinyl Wood Other (explain)

What color will the window casing be? _____

Will your windows contain gridlines (please provide style of gridlines in drawings)? YES NO

Will your windows contain tinting/frosting (please provide details in drawings)? YES NO

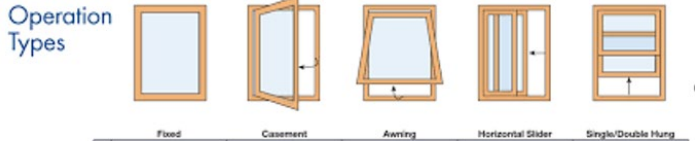
Attached Window Manufacture's Specifications and Photos?

YES NO

Are drawings included showing ALL types of windows being installed and the opening style for each?

YES NO

Please indicate the opening style being utilized for this installation (this should also be reflected in your drawings for each window being replaced):



**Owner is responsible for all permits required by the City of Rancho Santa Margarita for major improvements to their lot.*

***Please note: All builder fixed windows are to remain fixed to adhere to the nature of privacy to your neighbor. Window black-outs and mirror finishes are not currently allowed by the Association. If your window project contains tinting/frosting, please indicate on your application for Architecture Committee will review.*

Insert Drawings Below (or attach additional sheets if necessary):

Impacted Neighbor Statement/Neighbor Awareness

The attached plans were made available to the following neighbors for review:

NEIGHBOR AWARENESS – The intent of this form is not to obtain neighbor approval but is to advise your neighbors who own property adjacent to or near your lot (property) line or unit. Neighbors must sign this form and may add their comments in the space provided below.

FACING NEIGHBOR:

Full Name: _____ Date: _____
Address: _____ Phone: _____
Signature: _____

FACING NEIGHBOR:

Full Name: _____ Date: _____
Address: _____ Phone: _____
Signature: _____

FACING NEIGHBOR:

Full Name: _____ Date: _____
Address: _____ Phone: _____
Signature: _____

ADJACENT NEIGHBOR:

Full Name: _____ Date: _____
Address: _____ Phone: _____
Signature: _____

ADJACENT NEIGHBOR:

Full Name: _____ Date: _____
Address: _____ Phone: _____
Signature: _____

IMPACTED NEIGHBOR:

Full Name: _____ Date: _____
Address: _____ Phone: _____
Signature: _____

IMPACTED NEIGHBOR:

Full Name: _____ Date: _____

Address: _____ Phone: _____

Signature: _____

Disclaimer and Signature

The neighbors have seen the plans I am submitting for Architectural Review Committee approval (see above verification). I understand neighbor objections do not in themselves cause denial. However, the Architectural Review Committee will contact the neighbors to determine their appropriateness, if necessary. I certify that my answers are true and complete to the best of my knowledge.

I understand that NO WORK is to commence until approval is received from the Architectural Review Committee.

Signature: _____ Date: _____