

For ARC Use Only:
Date Received by Management: _____
Date Received by ARC: _____
View Maintenance ID: _____

PACIFIC SHORES HOMEOWNERS' ASSOCIATION
APPLICATION FOR VIEW MAINTENANCE
Obstruction on HOA Property

Applicant: _____ (Print Name)

Address of Applicant: _____

Daytime Phone: _____

If there are multiple view obstructions, submit a separate Application for View Maintenance for each obstruction.

Primary Ground Level Assembly Area:

Obstruction must be in your Primary View from a Ground Floor Assembly Area. Where is your Primary View from a Ground Floor Assembly Area? _____

(This must be the same Assembly Area for all applications from the same applicant.)

Obstructed Primary View: (Check All That Apply)

Catalina Island Dana Point Harbor Pacific Ocean Other: _____

Location of HOA Property with View Obstruction(s): *(For example Choral tree in center of slope across from xx Via Santa Maria.)* _____

Attach a photo from the Primary Ground-level Assembly Area within the residence or from the ground level patio, deck, or lawn Assembly Area showing the Obstruction(s) and the Obstructed Primary View.

I have read and understand the Architectural Guidelines regarding View Obstructions. I understand that an incomplete application may delay processing.

Applicant's Signature: _____ **Date:** _____

This Page for Management Company and ARC Use Only:

ARC Use Only:
View Maintenance ID: _____

Process Flow (Management Company Use Only):
Date Sent to ARC: _____
Date Uploaded to Caliber as Open: _____
Date Letter Sent to Homeowner: _____
Date Letter Sent to Owner of Obstruction: _____
Date Issue is Resolved: _____
Date Uploaded to Caliber as Resolved: _____

ARC Notes, Findings, and Actions Needed:

Most Recent Previous View Maintenance Request from this Site: _____

Primary View Assembly Area Used: _____

Address of Obstruction and Resolution: _____

Next Most Recent Previous View Maintenance Request from this Site: _____

Primary View Assembly Area Used: _____

Address of Obstruction and Resolution: _____

If there are more than two previous requests, please attach descriptions.

On-Site Evaluation for This Request:

On-Site Visit By: _____ Date: _____

Primary Ground Floor Assembly Area: _____

What percent of the Primary View is obstructed? ____%. *(The ARC may "allow" an obstruction of up to approximately 15% of the Primary View.)*

Notes: _____

Actions Needed to Resolve Obstruction: _____

Management Company Notes: *(For example, response from owner of obstruction.)*

By: _____ Date: _____

ARC / Board of Directors Follow Up:

By: _____ Date: _____