

**SHADOW HILLS ESTATES  
ARCHITECTURAL APPROVAL REQUEST**

Name \_\_\_\_\_ Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
Address \_\_\_\_\_ Lot No. \_\_\_\_\_

PROPOSED IMPROVEMENT / MODIFICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ START DATE: \_\_\_\_\_

The following information (original preferred) should be attached:

- (i) Description of improvement (attach any drawings, plans and specs; include design dimensions, materials to be used, color, finish, etc.)
- (ii) Location of improvement/modification in relation to residence, property boundaries and assessments and easements on plot plan. Identify any existing improvement(s).
- (iii) Elevations of proposed improvement/modification relating to existing dwellings and neighboring dwellings.

Any Request missing any of the above information, or if unclear, may be returned without processing. All original drawings/specs will be returned to you. Mail to:

Shadow Hills Estates Homeowners Association  
Architectural Control Committee

**Wescom Management Services**  
25115 Avenue Stanford, A-106  
Valencia, CA 91355

COMMENT BY NEIGHBOR:

	<u>No Objection</u>	<u>Objection/Comments*</u>
Name _____	_____	_____
Address _____	_____	_____
Name _____	_____	_____
Address _____	_____	_____

\*When it is apparent that the proposed improvement/modification will or could impact a neighboring property(s), then the opinion of the neighboring homeowner(s) will be requested and considered when evaluating this Request.

**ARCHITECTURAL CONTROL COMMITTEE RECOMMENDATION**

Date Received \_\_\_\_\_ Submission No. \_\_\_\_\_

Recommend: APPROVAL \_\_\_\_\_ Conditions of Approval \_\_\_\_\_

Recommend: DENIAL \_\_\_\_\_ Reason \_\_\_\_\_

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

Architectural Control Committee

Countersigned: (1) \_\_\_\_\_ (2) \_\_\_\_\_