

# ARCHITECTURAL APPLICATION

**SEND TO:** CID Management, Inc., 1460 Washington Blvd., Suite A203, Concord, CA 94521

Date \_\_\_\_\_

Name \_\_\_\_\_

Unit Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

We request approval of the following:

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

\*Please include scaled 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 # \_\_\_\_\_ Cell# \_\_\_\_\_

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, 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 – DATE \_\_\_\_\_ 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: (If you need more room write on the back.)