

**FAIRWAYS @ COUNTRY CLUB VISTA HOMEOWNERS ASSOCIATION**  
**APPLICATION FOR ARCHITECTURAL REVIEW AND APPROVAL**

Date \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

We request approval of the following:

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

\*Please include scale 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 # \_\_\_\_\_

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, that 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 \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send back to: 533 Moraga Road, Suite 200, CA 94556  
Or fax to (925) 376-4901 or maria@acihoa.com