



LA COSTA OAKS COMMUNITY ASSOCIATION

Home and Landscape Improvement Application

Homeowner's Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

Proposed Improvements (Please check all that apply and refer to CDS Sections.)

- | | | | |
|----------------------------------|--------------------------|---------------------------------------|--------------------------|
| Grading & Drainage (Section 3.2) | <input type="checkbox"/> | Outdoor Kitchen | <input type="checkbox"/> |
| Planting (Section 3) | <input type="checkbox"/> | Garage Door | <input type="checkbox"/> |
| Hardscape & Paving | <input type="checkbox"/> | Walls/Fences (Section 4.26) | <input type="checkbox"/> |
| Landscape Structure | <input type="checkbox"/> | Conversion (Section 4.13) | <input type="checkbox"/> |
| Awning/Gazebo | <input type="checkbox"/> | Fireplace and/or Fire Pit (Sec. 4.10) | <input type="checkbox"/> |
| Deck (Section 4.18) | <input type="checkbox"/> | Lighting (Sec. 4.16/4.17) | <input type="checkbox"/> |
| Patio Cover (Section 4.19) | <input type="checkbox"/> | Water Feature | <input type="checkbox"/> |
| Trellis/Arbor | <input type="checkbox"/> | Solar (Section 4.24) | <input type="checkbox"/> |
| Artificial Turf (Section 3.8) | <input type="checkbox"/> | Painting (Section 4.11) | <input type="checkbox"/> |
- Other (please specify): _____

CHECKLIST

INCLUDED N/A

REQUIRED FOR ALL APPLICATIONS

- | | | |
|---|--------------------------|--|
| 1- Home and Landscape Improvement Application | <input type="checkbox"/> | |
| 2- Neighbor Awareness Form | <input type="checkbox"/> | |
| 3- Application fee of \$75 (refunded if project is completed within 6 months) | <input type="checkbox"/> | |
| 4- Photographs of front and rear of house | <input type="checkbox"/> | |

FRONT/REAR LANDSCAPING/HARDSCAPING/POOLS/SPA/PATIO COVERS

- | | | |
|---|--------------------------|--------------------------|
| 5- Architect Consultant Application fee of \$200* – Front <u>OR</u> Rear Yard | <input type="checkbox"/> | <input type="checkbox"/> |
| 6- Architect Consultant Application fee of \$275* – Front <u>AND</u> Rear Yard | <input type="checkbox"/> | <input type="checkbox"/> |
| 7- Three (3) sets of hard copy scaled construction drawings, <u>OR</u>
One (1) set of digital scaled construction drawings (.pdf on USB) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8- Plant Inventory (type, size, number, location) per Community Design Stds. | <input type="checkbox"/> | <input type="checkbox"/> |

PAINTING

- | | | |
|---|--------------------------|--------------------------|
| 9- Photographs of right, left, and front neighbors – For Painting Only. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10- Physical color samples/swatches – For Painting Only. | <input type="checkbox"/> | <input type="checkbox"/> |

SOLAR

- | | | |
|---|--------------------------|--------------------------|
| 11- Aerial view of solar panel placement – For Solar Only. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12- Material Sample Board, colored brochure (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

All checks payable to "La Costa Oaks Community Association."

**Subject to change*

Please send the completed application and required items to:

lcomgt@keystonepacific.com | 7400 Circulo Sequoia, Carlsbad, CA 92009



LA COSTA OAKS COMMUNITY ASSOCIATION

General Note

Please do not commence work prior to obtaining the approval of the Architectural Review Committee. Please refer to the Community Design Standards for guidance regarding your home improvement. The AC will respond to your request within forty-five (45) days from the time of submittal. If you do not receive a response within forty-five (45) days, please notify onsite management (760) 943-6650 and a response will be forthcoming. If you do not receive a response within forty-five (45) days, you may not assume that your plans have been approved.

Please describe, in detail, the improvements:

Proposed Start Date: _____ **Proposed Completion Date:** _____

*Projects should be completed within 6 months of approval. Please provide management with a "Notice of Completion" once your project is complete to obtain a refund on the \$75 application fee.

Management Use Only

ARC Check Number(s): _____ Date Received: _____

Architectural Review Committee Comments (if any):



LA COSTA OAKS COMMUNITY ASSOCIATION

Neighbor Awareness Form

Homeowner's Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

Neighborhood Awareness (Neighbor is acknowledging awareness, NOT approving or disapproving). The requirement is to inform any neighbors who are impacted by the proposed changes, minimally including neighbors adjacent, in front, or behind your lot. Obtain signatures of neighbor(s) on the application form. If unable to obtain a signature of an impacted neighbor, contact Management for assistance. No application will be considered complete until the neighbor awareness condition has been satisfied.

Rear Yard Neighbor
 Name: _____
 Address: _____
 Signature: _____
 Date: _____
 Unsold/Unoccupied/Not Applicable

Rear Yard Neighbor
 Name: _____
 Address: _____
 Signature: _____
 Date: _____
 Unsold/Unoccupied/Not Applicable

Rear Yard Neighbor
 Name: _____
 Address: _____
 Signature: _____
 Date: _____
 Unsold/Unoccupied/Not Applicable

Rear Yard or Common Area

LEFT Adjacent Neighbor
 Name: _____
 Address: _____
 Signature: _____
 Date: _____
 Unsold/Unoccupied/Not Applicable

APPLICANT
 Address: _____

RIGHT Adjacent Neighbor
 Name: _____
 Address: _____
 Signature: _____
 Date: _____
 Unsold/Unoccupied/Not Applicable

Front Yard or Street Frontage

Front Yard Neighbor
 Name: _____
 Address: _____
 Signature: _____
 Date: _____
 Unsold/Unoccupied/Not Applicable

Front Yard Neighbor
 Name: _____
 Address: _____
 Signature: _____
 Date: _____
 Unsold/Unoccupied/Not Applicable

Front Yard Neighbor
 Name: _____
 Address: _____
 Signature: _____
 Date: _____
 Unsold/Unoccupied/Not Applicable

I, the applicant, certify that I have shown the construction documents for improvements to my residential lot and have asked my neighbors to sign this statement confirming notification of future improvements. I understand neighbor objections do not cause denial of plans.

Signature: _____ Date: _____

Name (Printed): _____



LA COSTA OAKS COMMUNITY ASSOCIATION

Notice of Completion

Homeowner's Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

The improvement(s) on the above listed property was (were) completed in accordance with construction documents and submittal package approved the Architectural Review Committee.

List Your Completed Improvement(s)	Completion Date	Picture attached
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Signature of Owner(s): _____ Date: _____

Name (Printed): _____

Architectural Review Committee Comments (if any): _____ *Management Use Only*

