

**MULBERRY PLACE
COMMUNITY ASSOCIATION**
C/O THE EMMONS CO.
One Boardwalk Ave., Suite 102
Thousand Oaks, CA 91360
(805) 413-1170

APPLICATION FOR ARCHITECTURAL APPROVAL

**PLEASE FILL IN ALL SPACES COMPLETELY
DO NOT START WORK UNTIL YOU RECEIVE APPROVAL**

PROPERTY OWNER	LOT #
STREET ADDRESS	
CAMARILLO, CA 93012	
HOME PHONE:	BUSINESS PHONE:

TYPE OF REQUEST			
<input type="checkbox"/> LANDSCAPE	<input type="checkbox"/> PATIO COVER	<input type="checkbox"/> ROOM ADDITION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PAINT	<input type="checkbox"/> POOL/SPA	<input type="checkbox"/> SKYLIGHT	_____
<input type="checkbox"/> REMODEL	<input type="checkbox"/> TREE REMOVAL	<input type="checkbox"/> WINDOWS	_____
<input type="checkbox"/> ROOF	<input type="checkbox"/> AWNINGS		_____

Please provide a brief description of proposed plan or modification. For color changes indicate where each color will be used, the type of surface to be painted, i.e., stucco, wood siding, etc., manufacturer and color number. Submit two (2) sets of color chips. For reroofing, list manufacturer, roofing material and color.

ANTICIPATED STARTING	ANTICIPATED COMPLETION	ATTACHMENTS:	OTHER:
DATE: ___ / ___ / ___	DATE: ___ / ___ / ___	<input type="checkbox"/> PLANS & SPECIFICATIONS	_____
		<input type="checkbox"/> COLOR SAMPLES (2 SQ.IN.MIN.) 2 Sets	_____

The attached planned improvements and plans were made available to the undersigned neighbors for review.

_____ Date _____ (Adjacent Side) _____ Address	_____ Date _____ (Adjacent Rear) _____ Address
_____ Date _____ (Adjacent Side) _____ Address	_____ Date _____ (Adjacent Rear) _____ Address

We, the undersigned, certify that we are the legal owners of the above property and that we agree to abide by Mulberry Place CC&Rs. Approval by this Architectural Board does not constitute waiver of any requirements of applicable governing agencies. We furthermore understand and agree that building permits for home improvements are required and that the cost of the permits and responsibility of obtaining permits and subsequent inspection will be borne by us.

Signatures(s) _____ Date: ___ / ___ / ___

For Office Use Only

Date Submitted: ___ / ___ / ___	Date Approved: ___ / ___ / ___	Approved by: _____
Date Denied: ___ / ___ / ___	Reason _____	