

RIDGECREST OF SHASTA COUNTY HOA
APPLICATION FOR ARCHITECTURAL REVIEW APPROVAL
Submit to Management Office · Refer to Architectural Guidelines

1. Owner's Name: _____ Unit # _____

Address: _____ Phone: _____

2. Contractor Name, if any: _____

Address: _____

Phone: _____

3. Description of work to be done: _____

Date work is to start: _____ Estimated completion date: _____

4. Please attach a photo/drawing/brochure illustrating the proposed work/materials/colors.

5. Other information: _____

Owner's Signature

Date

FOR ARC USE ONLY:

Date Received: _____ Date Submitted to Board: _____

Action taken: _____

Response Sent to Homeowner: _____