

**RANCHO DOMINGUEZ COMMUNITY ASSOCIATION  
ARCHITECTURAL CONTROL COMMITTEE MODIFICATION FORM**

(Please Print Clearly and Submit Original and 2 Copies)

(date received stamp)

Homeowner's Name *(please print)* \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address *(if different than property address)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Forecast Start Date (after approval): \_\_\_\_\_ Forecast Completion Date: \_\_\_\_\_

\*\*\*\*\*  
**DESCRIPTION OF PROJECT:** \_\_\_\_\_

**LOCATION OF PROJECT:**

- ☐ Front  
☐ Rear  
☐ Left Side (From Street)  
☐ Right Side (From Street)  
☐ Interior

**CHECK ALL THAT APPLY FOR THIS PROJECT:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Air Conditioner      | <input type="checkbox"/> Garage Doors | <input type="checkbox"/> Pool          |
| <input type="checkbox"/> Awnings              | <input type="checkbox"/> Gazebo       | <input type="checkbox"/> Rain Gutters  |
| <input type="checkbox"/> Basketball Backstop  | <input type="checkbox"/> Green House  | <input type="checkbox"/> Roof          |
| <input type="checkbox"/> Children's Fort      | <input type="checkbox"/> Hardscape    | <input type="checkbox"/> Room Addition |
| <input type="checkbox"/> Deck / Balcony       | <input type="checkbox"/> Landscape    | <input type="checkbox"/> Screen Door   |
| <input type="checkbox"/> Doors                | <input type="checkbox"/> Lighting     | <input type="checkbox"/> Spa           |
| <input type="checkbox"/> Drains               | <input type="checkbox"/> Painting     | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Extension            | <input type="checkbox"/> Patio Cover  |  |
| <input type="checkbox"/> Fence/Wall/Retaining | <input type="checkbox"/> Playhouse    |  |

**PLEASE FILL IN DETAILS BELOW IF NOT SHOWN ON PLANS:**

Type of materials to be used: \_\_\_\_\_

Type of wood surfaces: \_\_\_\_\_

Color Scheme: \_\_\_\_\_

City of Yorba Linda Building Permits attached? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ Comments: \_\_\_\_\_

Impacted Neighbor Statement Attached? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ Comments: \_\_\_\_\_

Are all existing modifications shown on Plans? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ Comments: \_\_\_\_\_

Three Copies Attached? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ Comments: \_\_\_\_\_

Note: Plans that are approved are not to be considered authorization to change the drainage plan as installed by the developer and approved by the City of Yorba Linda. The review is intended to consider aesthetic appearance of the drains, pipes and coring and other applicable aspects of drainage. If plans denied or modified a new Impacted Neighbor Statements must be submitted.

Owner may also need to acquire approval from the City of Yorba Linda for permission to encroach within City easement. Furthermore, owner is responsible to comply with all building codes and laws for proposed modifications.

# RANCHO DOMINGUEZ COMMUNITY ASSOCIATION

## Home Modification Disclaimer Statement

I/we certify that I/we have read and understand all pertinent sections of the Association's applicable CC&Rs and the Architectural Guidelines/Rules & Regulations. I/we believe that the information on this application, including the plans and any other attachments are accurate and complete. I/we understand that I/we are responsible for the actions of our contractors.

I/We understand that the Association will inspect the modification during and after construction to verify conformance with the approval. I/We understand and agree that any failure to complete the modification in accordance with the approved application, plans, and schedule may result in reconstruction at my/our expense, forfeiture of deposits, additional fines, and future action by the Association, as deemed appropriate by the Association.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

|   |
|---|
| <b>FOR ARCHITECTURAL COMMITTEE/BOARD OF DIRECTORS USE</b> |
|---|

The Architectural Application is:

\_\_\_\_\_ APPROVED as submitted

\_\_\_\_\_ APPROVED with the following changes and/or conditions: \_\_\_\_\_

\_\_\_\_\_ DENIED for the following reason(s): \_\_\_\_\_

\_\_\_\_\_ DENIED Incomplete Submission. Resubmit to include: \_\_\_\_\_

Architectural Chairman Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Architectural Committee Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Architectural Committee Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Architectural Committee Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Architectural Committee Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Architectural Committee Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WORK SHALL NOT COMMENCE WITHOUT RETURN RECEIPT OF THIS APPLICATION WITH ARCHITECTURAL COMMITTEE MEMBER SIGNATURES. FAILURE TO OBTAIN WRITTEN APPROVAL PRIOR TO COMMENCING WORK WILL RESULT IN AN AUTOMATIC FINE OF \$1,000.00 AND THE COST TO RESTORE TO ORGINAL CONDITION.**

**MAIL COMPLETED APPLICATION TO:**

Optimum Property Management, Inc. (CMF)

Certified Management Firm

17731 Irvine Boulevard, Suite 212

Tustin, CA 92780

Fax: 714-665-3000

Rancho Dominguez Community Association  
Re-Paint Application  
(Must submit original and 2 copies with color samples attached to each form)

Homeowner Name \_\_\_\_\_ Signature \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address (if different than property) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**PROPOSED COLORS**

**STUCCO:** Stucco refers to the Main Body of the House.

Color Name and Number: \_\_\_\_\_  
(Please see list of suggested stucco paint color options)

**FASCIA/TRIM & GARAGE DOOR:** The Trim (sometimes called Accent) refers to the edges of the roof line and window edges.

Color Name and Number: \_\_\_\_\_  
(Please see list of suggested fascia/trim and garage door paint color options)

**SIDING:** Siding refers to the wood paneling located on the front of the home, but not every home has siding.

Color Name and Number: \_\_\_\_\_  
(Please see list of suggested siding paint color options)

**SHUTTERS/ENTRY DOOR:**

Color Name and Number: \_\_\_\_\_  
(Please see list of suggested shutters/entry door paint color options)

**WORK SHALL NOT COMMENCE WITHOUT RETURN RECEIPT OF THIS APPLICATION WITH ARCHITECTURAL COMMITTEE MEMBER SIGNATURES. FAILURE TO OBTAIN WRITTEN APPROVAL PRIOR TO COMMENCING WORK WILL RESULT IN AN AUTOMATIC FINE OF \$1,000.00 AND THE COST TO RESTORE TO ORGINAL CONDITION.**

# RANCHO DOMINGUEZ COMMUNITY ASSOCIATION

## Facing, Adjacent and Impacted Neighbor Statement

The attached plans were made available to the following neighbors for review:

**FACING NEIGHBOR:**

(date received stamp)

|      |         |           |      |
|------|---------|-----------|------|
| Name | Address | Signature | Date |
|------|---------|-----------|------|

**FACING NEIGHBOR:**

|      |         |           |      |
|------|---------|-----------|------|
| Name | Address | Signature | Date |
|------|---------|-----------|------|

**ADJACENT NEIGHBOR:**

|      |         |           |      |
|------|---------|-----------|------|
| Name | Address | Signature | Date |
|------|---------|-----------|------|

**ADJACENT NEIGHBOR:**

|      |         |           |      |
|------|---------|-----------|------|
| Name | Address | Signature | Date |
|------|---------|-----------|------|

**IMPACTED NEIGHBOR:**

|      |         |           |      |
|------|---------|-----------|------|
| Name | Address | Signature | Date |
|------|---------|-----------|------|

**IMPACTED NEIGHBOR:**

|      |         |           |      |
|------|---------|-----------|------|
| Name | Address | Signature | Date |
|------|---------|-----------|------|

The above neighbors have seen the plans being submitted to the Architectural Committee for review. I understand that neighbor objections do not in themselves cause denial. However, the Architectural Committee may contact neighbors to review their comments, if necessary.

**SUBMITTED BY:**

Homeowners Name *(please print)*

Homeowners Signature

Property Address *(please print)*

Date

THIS STATEMENT MUST BE SUBMITTED TO THE ARCHITECTURAL COMMITTEE WITH THE COMPLETED REQUEST FOR MODIFICATION AND PLANS.