

CAPITOLA KNOLLS HOMEOWNERS ASSOCIATION
Architectural Modification Application For Window Replacement

Please complete and return to: Capitola Knolls, c/o Shoreline Property Management, 1100 Water St. Suite 1A, Santa Cruz, CA 95062

* Name of Owner(s): _____

* Unit Address: _____

* Telephone Numbers: (H) _____ (W) _____

Applicant agrees and understands that the application does not fulfill all of the conditions and requirements for an approval. In addition to this completed "Architectural Application" form, the applicant must submit to the Board acting as the Architectural Committee drawings and specification showing nature, kind, shape, height, materials and locations of the proposed architectural alteration. It is also understood by the applicant that the submission must be in writing. The Architectural Committee may require additional information as it deems necessary to make a decision. Until all information is submitted to the committee, the application will be deemed to be incomplete and the application will stand disapproved.

Specifications: Milgard, Desert Tan, Style Line, Classic Vinyl or Anlin Tan Window and door replacement, either finned type (new construction) or Z bar (flushed Flanged). If Z bar is installed, owner is responsible for painting the caulking seams on each window within 30 days of installation.

No reflective glazing is allowed. No partial replacement is allowed. All windows and sliding glass door(s) at this address must be replaced at same time.

Work must be performed by a licensed contractor holding a C-17 or B license and that is certified to install this type of window.

Applicant further agrees and understands that in the event that the Committee approves the modification, that they may impose "Special Conditions" of construction and maintenance on the approved work. Any special conditions shall be attached and be part of the approval. Any deviation from the approved plans, specifications or special conditions shall cause the approval to be rescinded and become null and void. Applicant agrees and understands that failure to conform to these requirements will be automatic authorization by the applicant to have the work brought into conformance with approved plans, specifications and special conditions. Applicant further agrees and understands that all costs incurred by the Association as a result of bringing said work into compliance shall be a charge against the owner's lot. Such costs shall include costs of construction, reconstruction, administration, fees, attorney fees and reasonable court costs, if incurred. It is also agreed that no work will be initiated which will 1) be a violation of any of the provisions of the Association's Declaration of Covenants, Conditions and Restrictions or any applicable building code, 2) be an annoyance to the residents or 3) increase the cost of insurance.

It is further agreed that in the event the request is approved, all maintenance repair or replacement of the approved item will be the sole responsibility of the unit owner and further that any expense incurred by the Association that is the direct or indirect result of the approved change shall also be the sole responsibility of the unit owner. All work should be initiated with consideration of the grounds, esthetics, time and noise factors.

Owner agrees that this request, if approved, shall be a covenant running with the land as it relates to Owner's Lot/Unit and shall bind and be a charge on Owner's Lot/Unit and to his/her successors or assigns. This covenant shall be binding on all parties and all persons claiming under it.

Describe proposed architectural modification in detail:

Attach any pertinent documents that will further describe the modification and/pr materials to be used.

Name of Contractor: _____

Address: _____

Phone: _____

Contractor's License number (if applicable): _____

A Certificate of Insurance may be required by the Association from the contractor before commencement of work.

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Homeowner(s) Signature Date

Association Approved _____ Date _____ Association Denied _____ Date _____

Conditions, if any: _____
