

CAPITOLA KNOLLS HOMEOWNERS ASSOCIATION
Architectural Modification Application
Skylights

Please complete and return to: Capitola Knolls, c/o Shoreline Property Management, 1100 Water St. Suite 2A, Santa Cruz, CA 95062

Name of Owner(s): _____

Unit Address: _____

Telephone Numbers: (H) _____ (W) _____

Homeowner/Applicant agrees and understands that the application does not fulfill all of the conditions and requirements for an approval. Until all information is submitted to the committee and the Board of Directors, the application will be deemed to be incomplete and the application will stand disapproved.

SPECIFICATIONS: The following are acceptable manufacturers: SunTunnel, Sunstar, and Ventstar, which may be up to 24 inches in diameter. Two-foot square flat skylights may also be approved upon submittal of detailed manufacturers' specification sheets.

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 permit to terminate 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 application is approved, all maintenance repair or replacement of the approved item will be the sole responsibility of the unit owner. Further, 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 Architectural Improvement Agreement, 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 (Transferred and assumed by each new homeowner). This covenant shall be binding on all parties and all persons claiming under it.

Homeowner(s) Signature

Date

Describe proposed architectural modification in detail:

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

Attach any pertinent documents that will further describe the modification:

Name of Contractor: _____

Address: _____ Phone: _____ License #: _____

Contractor's Signature

Date

By signing the Contractor agrees he has read and understands and will meet all required specifications contained in this application and procure City of Capitola permits as necessary.

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

Homeowner(s) Signature

Date

Association Approved _____

Date _____

Association Denied _____

Date _____

Conditions, if any: _____
