

MOUNTAIN OAKS HOMEOWNERS ASSOCIATION (MOHA)

Architectural Control Approval Request

Homeowner Name _____

Property Address _____

Contact Info (Phone/Email Address) _____

The Covenants for Mountain Oaks require approval for all modifications, re-painting and landscaping and require submission of complete plans and specifications for the proposed work. See Section 1102-1103 of Covenants.¹

Note: *It is the responsibility of the property owner to obtain required city permits for projects, such as decking, additions, roofing, etc. The HOA does not assume any liability where permits are required. Property owners should ensure their project contractors have obtained the required permits before the project begins.*

Please provide specific and complete description of proposed work:

❖ **Painting:**

Of What?

(House, trim, garage door, fencing, mailbox posts, deck, other)

Paint or Stain Color Name:

Manufacturer:

❖ **Replacement:**

Of What?

(Roof, deck, mailbox, fencing, windows, siding, brick, gutters, soffits, driveway, sidewalk, other)

Note: Roof must be tile, slate, metal or composition with dimensional shingle (no asphalt roof permitted). Hillside Ordinance does not permit shake roofs.

¹ The covenants prohibit alterations or repainting to the exterior and no landscaping performed unless complete plans, specifications, and lot plans showing exterior design, height, building materials and color schemes, locations, sizes and grading plans (where applicable) are provided. Covenants, Section 1102.

Material for Replacement Item(s)

Color: _____ Manufacturer: _____

❖ **Modification/addition:** (Submit complete plans and drawings to scale)

What is being added? _____

(Deck, fencing, windows, siding, stucco, sidewalk, other)

Material of Replacement Item(s) _____

Color: _____ Manufacturer _____

❖ **Landscaping:** Please submit landscaping plan with your Request Form

Describe proposed landscaping modification: _____

For all applications:

Contractor Info:

Name of Company _____

Contact Person _____

Contact Info (Phone/Email Address) _____

❖ **When will work be commenced and completed? Date(s)** _____

❖ **Homeowner Signature** _____

Date of Request _____

Please send your request to:

Steve Carmichall/MOHA ACC

stcrmch@aol.com

Phone: 719-332-6225

Architectural Control Action: (To be filled out by MOHA representative)

Your project is Approved/Disapproved: _____

Date Action: _____

If disapproved, reasons and supplementation suggested for further consideration²:

Signature of MOHA Approval/Disapproval Authority

Date _____

² Approval or disapproval is required within 10 days of submittal of request. Considerations for approval and disapproval include design, style, and construction of proposed project, harmony, consistency with general terrain and architecture of other buildings within the HOA and whether proposed project is likely to adversely affect values of other lots and homes. See Covenants, Section 1103.