

**ALTAMIRA #1 MANAGEMENT ASSOCIATION  
ARCHITECTURAL REVIEW COMMITTEE (ARC) — REQUEST FOR CHANGE FORM**

ALTAMIRA #1 - ARCHITECTURAL REVIEW COMMITTEE  
c/o Kyle Kruger @ Walters Management  
6126 Innovation Way, Carlsbad, CA 92009

PH: (760) 431-2522  
FX: (760) 431-2512

**Please review the CC&R's, HOA Rules & Regulations, and Architectural Review Committee rules, posted on the website, ([www.ALTAMIRAONEHOA.COM](http://www.ALTAMIRAONEHOA.COM)) before you begin the application.**

**DO NOT BEGIN any work until you have received approval in writing from the Board of Directors.**

**Please print:**

Owner Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Steps to follow: To avoid delay, please be thorough. Too little or incomplete information will delay the process.**

1. Describe clearly any/all additions, alterations, or any other changes in the space below. Include dimensions, materials to be used, intended color(s), include elevations and location in relation to existing home and neighbors.
2. Must include an accurate drawing, with scale used or exact measurements. Blue prints are required on all requests to home additions or for major architectural change/improvements.
3. Include all landscaping additions and changes. Provide details regarding trees, lawn, plants, sprinklers, etc.
4. Front yard conversion to artificial turf or xeriscape must be accompanied by a check for \$100.00, made out to Altamira Management Association #1, a fee for the Board's required Landscape Architect review prior to any action.
5. The owner is responsible to comply with governmental laws and regulations, including City required building permits. Include permits with this request. Board approval does not imply the City of Carlsbad will approve your plans.
6. Obtain neighbor Owner's signatures for all projects. Tenants may not sign on behalf of the Owner.
7. Failure to obtain written approval from the Board may result in fines and/or penalties.

**Please submit two (2) copies of proposed plans or changes, including supporting documentation, to above address, OR email to [afrank@waltersmanagement.com](mailto:afrank@waltersmanagement.com).**

By my signature below, I acknowledge and do assume the responsibility for any/all work done under the proposed improvement that I or my contractor accomplishes, which may in the future adversely affect the Common Area, the roof or paint surfaces of my unit, for which the Altamira Management Association #1 (HOA) has jurisdiction. I will also assume responsibility for all future repairs and maintenance of same.

I further acknowledge that if during my proposed improvement, any necessary alteration, change, or repair to the HOA irrigation system is needed, the work will be performed by the HOA landscape and irrigation contractor and I assume full financial responsibility for all work performed.

**Please note:** Additions are the owner's responsibility and any damage to the building, as a result of any/all installation, is the owner's responsibility to repair, and not the responsibility of the Altamira Management Association #1. (If additional pages are needed please attach and provide two copies of all pages.)

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DETAILED DESCRIPTION OF PROPOSED CHANGES** (Use addition pages if needed). MUST ATTACH a detailed to scale drawing and specific product information. **Please print -**

---

---

---

Planned start date: \_\_\_\_\_ Anticipated completion date \_\_\_\_\_

**ACKNOWLEDGEMENT of APPROVAL by NEIGHBORS who have SEEN YOUR COMPLETED APPLICATION AND PLANS**

**IMMEDIATE NEIGHBOR-OWNER** (Both sides of your property)

**Please print -**

**#1 NAME:**

ADDRESS: \_\_\_\_\_  
OWNER \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_

**#2 NAME:**

ADDRESS: \_\_\_\_\_  
OWNER \_\_\_\_\_ PHON  
E. \_\_\_\_\_

---

---

**OTHER NEIGHBORS-OWNERS** (Those nearby who will be able to see or be impacted by the improvements)

NAME: ADDRESS:

OWNER SIGNATURE:

**ARCHITECTURAL COMMITTEE REVIEW USE ONLY**

\_\_\_\_APPROVED as Submitted      \_\_\_\_APPROVED with CONDITIONS:      \_\_\_\_DENIED for REASONS:  
CONDITIONS/REASONS:

Approval is valid for one year from date of the approval letter. After one year a new request is required to be submitted. **TO REQUEST RECONSIDERATION YOU MUST RE-SUBMIT YOUR ORIGINAL PLAN WITH YOUR REQUESTED REVISIONS MADE TO IT.**

By: \_\_\_\_\_

Date:

ARC Committee Signature

By: \_\_\_\_\_

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

ARC Committee Signature

By: \_\_\_\_\_

Date:

ARC Committee Signature

By: \_\_\_\_\_

Date:

Board Member Signature

By: \_\_\_\_\_

Date: