

# Varsity Park Patio Homes Homeowners Association

C/O Lordon Management

1100 Flynn Rd., Ste. 204 | Camarillo, CA 93012

## Application for Architectural Modification

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

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

Please describe, in detail, the proposed modification. Please include color samples where applicable, dimensions, location of improvement, storage of materials during modification, estimated start and completion date and any other information that may be relevant. Please attach appropriate building permits where applicable. PLEASE SUBMIT TWO COPIES OF PLANS AND COLOR SAMPLES AND PROVIDE WRITTEN DESCRIPTION BELOW:

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☐ **Satellite Dish (check box and specify area of placement)** \_\_\_\_\_

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(1) Neighbor Advisement: (Adjacent neighbors) ☐ Approved ☐ Objection/Comment \_\_\_\_\_

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Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



(2) Neighbor Advisement: (Adjacent neighbors) ☐ Approved ☐ Objection/Comment \_\_\_\_\_

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Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

I hereby acknowledge that I will construct and maintain the proposed modification in accordance with this proposal, and that I will reimburse the Association for any and all expenses incurred as a result of any noncompliance with the approved plans.

Signature \_\_\_\_\_ Date \_\_\_\_\_



### For Association Use Only

Date Received: \_\_\_\_\_ Decision Date: \_\_\_\_\_ Plans are: ☐ Approved ☐ Denied

Condition of approval/Reason for denial : \_\_\_\_\_

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Signature of Representative: \_\_\_\_\_ Date \_\_\_\_\_

# Varsity Park Patio Homes Homeowners Association

C/O Lordon Management

1100 Flynn Rd., Ste 204 | Camarillo, CA 93012

(805)751-4142 // clientcare5003@mylordon.com

## Neighbor Notification Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please describe, in detail, the proposed modification. Please include color samples where applicable, dimensions, location of improvement, storage of materials during modification, estimated start and completion date and any other information that may be relevant. Please attach appropriate building permits where applicable. PLEASE SUBMIT TWO COPIES OF PLANS AND COLOR SAMPLES AND PROVIDE WRITTEN DESCRIPTION BELOW:

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☐ **Satellite Dish (check box and specify area of placement)** \_\_\_\_\_

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(1) Neighbor Advisement: (Adjacent neighbors) ☐ Approved ☐ Objection/Comment \_\_\_\_\_

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Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



(2) Neighbor Advisement: (Adjacent neighbors) ☐ Approved ☐ Objection/Comment \_\_\_\_\_

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Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

I hereby acknowledge that I will construct and maintain the proposed modification in accordance with this proposal, and that I will reimburse the Association for any and all expenses incurred as a result of any noncompliance with the approved plans.

Signature \_\_\_\_\_ Date \_\_\_\_\_



### For Association Use Only

Date Received: \_\_\_\_\_ Decision Date: \_\_\_\_\_ Plans are: ☐ Approved ☐ Denied

Condition of approval/Reason for denial : \_\_\_\_\_

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Signature of Representative: \_\_\_\_\_ Date \_\_\_\_\_