## HIGHLANDS COMMUNITY ASSOCIATION REQUEST FOR APPROVAL OF MODIFICATION TO RESIDENCE

## MINOR REVIEW PROCEDURE

RESIDENCE SUBMITTING APPLICATION	, F	
Address	Address	Model
Address	Name	Phone #:
Date	•	
Model	O WHO! I ORGINATED	
Owner Name	HIGHLANDS COMMUNITY ASSOCIATION ARCHITECTURAL COMMITTEE  EFFECTIVE DATE OF APPLICATION	
Phone Number		
Owner's Signature		DISAPPROVED
DESCRIPTION OF PROPOSED CHANGE	REASON:	
		DATE
	Received by	Date

Amended January 28, 2016

MAIL COMPLETED DECLARATION AND EXHIBIT TO:

Architectural Desk

Keystone Pacific Property Management 16775 Von Karman Ave., Suite 100 Irvine, CA 92606

ADJOINING RESIDENCE ACKNOWLEDGMENT

not constitute approval of the proposed change.)

(Your signature is only an acknowledgment that you are aware of a proposed change to your neighbor's home. Your signature does

Email: architectural@keystonepacific.com