



# Avocado Estates

## APPLICATION FOR ARCHITECTURAL IMPROVEMENTS

ALLOW 30 DAYS FOR APPROVAL

### Homeowner Information

Name:			Date:
Address:		City:	State: Zip Code:
Lot#:	Day Phone:	Email Address:	

### General Description

Description of Proposed Improvements\*

*\* Attach plans and additional sheets if applicable*

I understand that my proposed improvements may require a permit from the City/County Building Department or other government agencies and I will obtain all required permits before commencing any work. I agree I will do no work that will change the existing drainage patterns. I am aware that any changes may result in substantial damage to adjacent properties.

I will assume the responsibility for any work under the above-proposed improvement that my contractors or I complete, which may, in the future, adversely affect adjacent properties. I will assume responsibility for all future maintenance of this addition or improvement.

Homeowner Signature	
Homeowner Signature:	Date:

Mail, fax, or scan & email completed form to:  
 Avocado Homeowners Association  
 c/o Keystone Carlsbad  
 5050 Avenida Encinas, Suite 160  
 Carlsbad, CA 92008  
 PHONE: (858) 587-9844 FAX: (858) 587-9972  
 Amy Bergen abergen@keystonepacific.com

Office Use Only		
Date Received:	Date of Decision:	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Conditional
Comments:		

Board Signatures	
Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date: