Sierra Springs Owners Association
4240 Sierra Springs Drive
Pollock Pines, CA 95726

Phone: 530-644-2182
Fax: 530-644-8423
info@sierraspringsowners.org

ARCHCITECTURAL APPLICATION

INSTRUCTIONS: Complete this form, **prior to project commencement** and return it with a copy of the plans & specifications showing the nature, kind, shape, height, materials and location for proposed project. Form and required back-up may be delivered in person, mailed, faxed or emailed. This form will be returned to you indicating; Approval, Approval with Variance; or Disapproval. NOTE: Your application will be reviewed within 30 days.

Approval is required for new or changes or alterations to driveways, fences, homes, paint colors, roofs, , sheds, solar ground systems, structures, vehicle parking, and retaining & erosion control walls. Refer to the SSOA Exterior Property Rules and your property CC&Rs for more details.

The approval of this application shall in no way be deemed to be satisfaction of or compliance with any property boundaries, building permit process or any governmental requirements, the responsibility which lies solely with you, the owner, nor shall it assume any responsibility or impose any liability on SSOA as to the accuracy, efficacy, or sufficiency of such proposals, plans or other submittals. Owners are required to comply with all SSOA Fire Safety & Forest maintenance Rules and Regulations.

OWNER(S): _____UNIT & LOT #_____

PROPERTY ADDRESS: _____Pollock Pines, CA 95726

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

Please describe specifically: materials to be used, heights, dimensions, placement and plans where applicable. If you are painting, please include paint samples.

_____ _____ _____
Owner's Signature Print Name Clearly Date

Office Use only: [ ] Approved [ ] Approved with Variance (attached) [ ] Disapproved (attached)

_____ _____ _____
Committee/Board Member signature Print Name/Position Date

_____ _____ _____
Committee/Board Member signature Print Name/Position Date

_____ _____ _____
Committee/Board Member signature Print Name/Position Date