

Spring Garden Villas Homeowners Association

HOMEOWNER REQUEST FOR STRUCTURAL CHANGES

This form is used to REQUEST and SUBMIT plans to the Board of Directors at a regularly scheduled Board Meeting for review by the Architectural Committee.

Date: _____

Type of change being requested: _____
(please be specific)

_____ remodel _____ repair _____ other

Name: _____

Site address: 8800 Garden Grove Blvd. Garden Grove, CA 92844 Unit# _____

Phone number: _____

Information: Please provide pictures/plans of changes you wish to make such as door type, windows, hardware, etc. and who is performing the work. Work is to be done by a licensed company and we need their name and license number plus a copy of their workmen's comp policy.

You need to get approval from 2 adjacent neighbors. Please have them sign this form before submitting:

Name: _____ Unit#: _____

Signature: _____

Name: _____ Unit#: _____

Signature: _____

Return to:
Board of Directors
c/o CrossRoad Property Management
P.O. Box 475
Westminster, CA 92684
or call: 714-222-9390
or email: korigilliam@yahoo.com