



BREEZA HOME IMPROVEMENT FORM

Please send your completed form to the address below:

BREEZA OWNERS ASSOCIATION
1431 Pacific Highway, Unit 109
San Diego, CA 92101
Telephone: (619) 696-7304
Attn: Architectural Review for Breeza

Name:	Unit #:	Phone #:	Date of Request:
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Complete the following as applicable:

Contractor:

Name: _____ Company: _____
Phone(s): _____ State and License Number: _____

Designer:

Name: _____ Company: _____
Phone(s): _____

Insurance Carrier:

Name: _____ Company: _____
Phone(s): _____

Please use this form for ALL Architectural Review Submissions. Please enclose the items that apply in the following stacking order:

SUBMITTAL CHECK LIST: (Please include 3 sets of the following)

1. This Home Improvement Form **(REQUIRED)**
2. Plans and specifications showing the location, nature, kind, shape, height and materials, including the color and any other requirements set forth herein ("Plans and Specifications"), clearly indicating all proposed modifications **(REQUIRED)**
3. Floor plans, if an Owner is requesting permission to remove or relocate a wall
4. Description of materials and colors and material samples **(REQUIRED)**
5. A proposed construction schedule (including proposed start and completion dates) **(REQUIRED)**
6. Certificates of insurance (including contractors exclusions and proof of valid workers compensation insurance). If such items are not available at the time of submittal of the Submittal Package, then such information will be provided to the Association prior to commencement of the work by the Owner.

I/we assume the responsibility for any work, including conformity of completed Improvements to the Plans and Specifications as approved by the Board or, if appointed, the Architectural Committee and the satisfaction of any time limitations for their completion as may be specified in conjunction with such approval under the above proposed modifications/Improvements. Further, I/we assume full responsibility for any work and that I/we or my contractor accomplishes which may, in the future, adversely affect adjacent properties and/or common area. I/we acknowledge that proof of my/our liability insurance coverage is on file with the Association prior to commencement of work, as further required by the Rules and Regulations. I/we acknowledge that the Declaration requires that I/we indemnify the Association and other Owners for certain damage that I/we may cause. I/we will assume responsibility for all future maintenance of this modification, addition and/or Improvement.

Signature: _____ Date: _____

Signature: _____ Date: _____

-----**Do not write on this page (For Board/Architectural Committee use only)**-----

The Board/Architectural Committee has determined that the submittal on the previous pages is:

____ Approved ____ Approved with Conditions ____ Disapproved

See notes on plans.
Resubmit with more details for _____
Maintain existing drainage pattern or provide alternative drainage method.
Submit originally reviewed plans with revised drawings.
Other Comments:

Further Conditions:

Board/Architectural Committee: Date: _____ Initial: _____ Date: _____ Initial: _____ Date: _____ Initial: _____
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www.breezahoa.com