

SONOMA BAY HOMEOWNERS' ASSOCIATION  
REQUEST FOR REVIEW FOR ARCHITECTURAL MODIFICATION

Owner(s) name \_\_\_\_\_  
Address \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Approval is hereby requested to make the following modification or alteration as described below.

**You must include Pictures of product or actual sample, size and location of change.**

Direct TV Dish- Cannot be mounted on the building. Dish can only go between the A/C unit and shrubs. If you cannot receive direct line of sight for approved area, you cannot get the Dish. Dish cannot be installed 2 or 3 doors down by your neighbors unit or down by the lake. Please indicate Date and Time below.

Screened Patio- Include specs, pictures and permit information.

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I understand and will comply with the following:

1. If modification is not completed as approved, said approval can be revoked and modification will be required to be removed by the owner at owner's expense.
2. Owner is responsible for payment of and repair to any and all damage done to any portion of the Associations property.
3. Owner is responsible to complying with all current building codes and will have all necessary permits pulled for said project.
4. If owner's request is not approved, or work performed is different than approved ARC request, owner understands and agrees by signing below that owner may be subject to court action by the Association and that owner shall be responsible for all reasonable attorney fees and costs. Association may also elect to restore area back with the unit owner being responsible for the entire cost of restoration.

Date of Request \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Date Received \_\_\_\_\_

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Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Board Member \_\_\_\_\_ Date \_\_\_\_\_