

**Sunnyside Estates Homeowner's Association**

**ARCHITECTURAL APPLICATION**

HOMOWNER SPACE# \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ OTHER \_\_\_\_\_ EMAIL \_\_\_\_\_

IF PROPERTY IS NOT OWNER OCCUPIED PLEASE FURNISH THE FOLLOWING:

TENANT NAMES \_\_\_\_\_

TENANT PHONE \_\_\_\_\_ TENANT EMAIL \_\_\_\_\_

NATURE OF REQUEST: \_\_\_\_\_

PLEASE SUBMIT A DRAWING OF THE WORK TO BE DONE. INCLUDE SPECIFICS AS TO MATERIALS BEING USED, COLORS OF MATERIALS, PAINT COLORS, GARAGE DOOR COLORS, SAMPLE OF ROCK TO BE USED IN DESERT SCAPE AND TYPES OF TREES OR SHRUBS (excluding seasonal flowers).

NOTE: All work must be completed within 30 days of approval date unless a request is submitted in writing with this original application. Extension of time is usually given for major projects as needed and if approved by the Architectural Committee. You will also be asked to call for an approval inspection when your project is completed.

**NOTICE TO OWNERS: Your proposed improvement(s) may require a building permit. You or your contractor must check with the City of Indio Building Department regarding building permit requirements before starting any work. No work shall be done which may alter the existing drainage patterns or may adversely affect the common area or other homeowners.**

**NO REQUEST WILL BE PROCESSED UNLESS THIS FORM IS FILLED OUT COMPLETELY**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Estimated date to begin project \_\_\_\_\_ Estimated date to finish project \_\_\_\_\_

When completed, bring this application into the Sunnyside office, or mail to: Sunnyside Estates Homeowner association, 47800 Madison street #232, Indio, CA 92201 or Email to: [sunnyside232@aol.com](mailto:sunnyside232@aol.com)

THE ATTACHED REQUESTED MODIFICATION FOR SUNNYSIDE UNIT NUMBER \_\_\_\_\_

HAS BEEN REVIEWED BY THE ARCHITECTURAL REVIEW COMMITTEE AND HAS BEEN:

\_\_\_\_\_ APPROVED          \_\_\_\_\_ REJECTED          \_\_\_\_\_ HELD PENDING INVESTIGATION

Date reviewed \_\_\_\_\_

Date Approved \_\_\_\_\_

Signatures: (2 required)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**IF PAINTING YOUR HOME PLEASE FILL OUT THIS INFORMATION**

PAINT COLORS SCHEME# \_\_\_\_\_ (PLEASE SPECIFY VISTA OR DUNN EDWARDS)

BODY COLOR \_\_\_\_\_ TRIM/FACIA/POP OUTS \_\_\_\_\_

GARAGE DOOR \_\_\_\_\_ MAIN DOOR \_\_\_\_\_

Comments \_\_\_\_\_

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For questions or when project is completed call for an inspection. Please call or email the office.

**ARCHITECTURAL FORMS ARE ONLY GOOD FOR 90 DAYS, AFTER 90 DAYS A NEW FORM IS REQUIRED**