

**Las Brisas Association Architectural Committee**

**APPLICATION FOR HOME MODIFICATION**

Homeowner \_\_\_\_\_ Date: \_\_\_\_\_  
Las Brisas Property Address \_\_\_\_\_  
Offsite Address (if absentee owner) \_\_\_\_\_  
Telephone \_\_\_\_\_  
(home) (office/cell)

**DESCRIPTION OF WORK TO BE PREFORMED:**

Please attach a plan of the proposed modification. This should include the location, material description, size, technical specs and any other pertinent information. The contractor's proposal describing the services and product may be attached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK TO BE PERFORMED BY:** \_\_\_ Self \_\_\_ Contractor

(NOTE: Window and A/C Installations must be performed by a licensed & insured contractor)

**Name of Contractor** \_\_\_\_\_

**License Number** \_\_\_\_\_

BUILDING PERMIT OBTAINED \_\_\_ Yes \_\_\_ No

If no, why not? \_\_\_\_\_

<p>(To be completed by Las Brisas Association Representative)</p> <p><b>Approval to begin work</b> this _____ day of _____, 20____</p> <p>Name: _____ Signature: _____ Date: _____</p> <p>The committee reserves the right to revoke or reject plans, material, designs until final approval is issued.</p> <p><b>Final approval of modification</b> this _____ day of _____, 20____</p> <p>Name: _____ Signature: _____ Date: _____</p> <p>To be obtained within six (6) months from the date of approval to begin work.</p>
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**Please return completed forms to:**  
**The Masters Group, P.O. Box 20094, San Jose, CA 95160/ fax it to 408-266-6748**