

***SUBMITTAL CHECKLIST***  
**LANDSCAPE/HARDSCAPE**  
**ARCHITECTURAL REVIEW COMMITTEE APPLICATION**  
**LAKE HILLS RESERVE HOMEOWNERS ASSOCIATION**

*(Owner to Complete)*

This checklist must be completed by the Owner and must be attached to the Architectural Review Committee Application. Failure to complete and include this checklist constitutes an incomplete submittal. The Committee will return all incomplete submittals without review.

A description of what must be included on each of the drawings required below may be found in the Architectural Review Guidelines.

**PART I - ALL IMPROVEMENTS**

This section lists the submittal requirements for **all Improvements** that must be included with any and all submittal requests. Per the Association CC&R's - Improvements mean any structure and any appurtenance thereto including a building, walkway, irrigation system, controlled access facility, recreational facility, road, driveway, parking area, alley, fence, any type of wall, awning, patio, porch, deck, any type of landscaping and planting, antenna, poles, signs, air conditioning and water softener fixture or equipment. The Architectural Review Committee may identify additional items that are Improvements.

- Completed Architectural Review Committee Application– Exhibit 'A' (2 pages)
- Signed Neighbor Awareness Form – Exhibit 'B'
- Submittal Checklist
- Photo(s) of entire front, back and side yards of residence indicating architectural style & color scheme prior to improvements.
- Plot Plan (minimum ¼" = 1'-0" for ¼" scale)
- The Architectural Review Fee of \$140.00 is required for front and or rear yard review. – Exhibit 'E' (Payable to Lake Hills Reserve Homeowners Association)

**PART II - LANDSCAPE IMPROVEMENTS**

This part must be completed by all applicants for improvements involving all landscaping in any yard (i.e.: plant material, hardscape, spa or pool, fences and walls).

- Part I submittal requirements
- Landscape Plan (may be included on plot plan)

**PART III - EXTERIOR IMPROVEMENTS**

This part must be completed for exterior alterations including trellis and sunshades, gazebos, balcony, window and door treatment, and exterior color or material changes.

- Part I submittal requirements
- Exterior Elevations
- Floor Plans (in the case of detached structures such as gazebos, floor plans may be included on the plot plan)

**PART IV - SPACE IMPROVEMENTS**

This part must be completed for space improvements such as room additions, large decks and room conversions affecting the exterior appearance of the home. **COMPLETE SPACE IMPROVEMENT ARCHITECTURAL REVIEW APPLICATION AND INCLUDE THE FOLLOWING ITEMS.**

- Exterior Elevations
- Roof Plan
- Building Section(s)

# EXHIBIT 'A'

## LANDSCAPE/HARDSCAPE ARCHITECTURAL REVIEW COMMITTEE APPLICATION LAKE HILLS RESERVE HOMEOWNERS ASSOCIATION (Owner to Complete)

Please complete this request form, the submittal checklist form and attach a copy of your proposed improvement plans. **Incomplete applications will not be considered and will be returned.** To assure prompt consideration, review all submittal materials for completeness before sending them to the Architectural Review Committee:

Mail or deliver to: Lake Hills Reserve Homeowners Association Architectural Review Committee  
c/o Avalon Management  
31608 Railroad Canyon Road Email: LakeHillsReserve@AvalonWeb.com  
Canyon Lake, CA 92587

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

Owner

\_\_\_\_\_  
Mailing Address City Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Area Code Home Phone Number Area Code Work Phone Number

Property Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Architect, Engineer or Owner's Representative: (if applicable)

\_\_\_\_\_  
Contact Company Name

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

### Type of Work: (Check all that are appropriate)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Room Addition               | <input type="checkbox"/> Sundeck or Balcony | <input type="checkbox"/> Attached Patio Cover         | <input type="checkbox"/> Gazebo              |
| <input type="checkbox"/> Spa                         | <input type="checkbox"/> Swimming Pool      | <input type="checkbox"/> Pond, Fountain, Waterfall    | <input type="checkbox"/> Fire Pit, Fireplace |
| <input type="checkbox"/> Barbecue                    | <input type="checkbox"/> Drainage System    | <input type="checkbox"/> Fence, Screen Wall, Gate     | <input type="checkbox"/> Trellis, Arbor      |
| <input type="checkbox"/> Front Yard                  | <input type="checkbox"/> Rear Yard          | <input type="checkbox"/> Planter, Retaining Wall      | <input type="checkbox"/> Seat Wall           |
| <input type="checkbox"/> Tubular Steel               | <input type="checkbox"/> Driveway Widening  | <input type="checkbox"/> Irrigation                   | <input type="checkbox"/> Planting            |
| <input type="checkbox"/> Exterior Low Voltage Lights |   | <input type="checkbox"/> Exterior High Voltage Lights |  |
| <input type="checkbox"/> Satellite Dish              | <input type="checkbox"/> Other              |   |  |

THE REVIEW AND/OR APPROVAL OF ANY PLANS, IMPROVEMENTS, CONCEPTS, CONSTRUCTION, ETC. BY THE ARCHITECTURAL REVIEW COMMITTEE AND/OR THE BOARD IS DONE TO CHECK FOR CONFORMANCE WITH THE CC&RS AND THE ARCHITECTURAL GUIDELINES AND DOES NOT REVIEW NOR WARRANT THE PLANS AS REGARDS CONFORMANCE WITH ANY APPLICABLE GOVERNING CODES AND ORDINANCES NOR STRUCTURAL STABILITY OR SUITABILITY.

**EXHIBIT 'A' – PAGE 2**  
**LANDSCAPE/HARDSCAPE**  
**ARCHITECTURAL REVIEW COMMITTEE APPLICATION**  
**LAKE HILLS RESERVE HOMEOWNERS ASSOCIATION**  
*(Owner to Complete)*

**I understand and agree that:**

1. No work on this request shall commence until written approval of the Architectural Review Committee has been received.
2. The "General Conditions of Approval" section of the Architectural Review Guidelines shall apply to any approval.

SIGNATURE: \_\_\_\_\_  
 Owner

\_\_\_\_\_  
 Date

Received by the Architectural Review Committee: \_\_\_\_\_  
 Date

***(Do Not Write Below Line. This is to Be Completed By Architectural Review Committee Only)***

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**Consultant Review Recommendation:**

Submittal

**NOT APPROVED**

- |                          |                          |                          |                                |
|--------------------------|--------------------------|--------------------------|--------------------------------|
| 1st                      | 2nd                      | 3rd                      |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incomplete Submittal           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Require Additional Information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance Evaluation Review   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checklist                      |

Submittal

**APPROVED WITH CONDITIONS**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| 1st                      | 2nd                      | 3rd                      |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community CC&R's                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Notes on Plans                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance Evaluation Review Checklist |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Letter Dated _____                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completion of Neighbor Awareness Form  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completion of ARC Application Form     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____                            |

**Consultant Signature:**

\_\_\_\_\_  
 Signature (1st Submittal)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (2nd Submittal)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (3rd Submittal)

\_\_\_\_\_  
 Date

***EXHIBIT 'B'***  
**LANDSCAPE/HARDSCAPE**  
**NEIGHBOR AWARENESS FORM**  
 LAKE HILLS RESERVE HOMEOWNERS ASSOCIATION

*(Owner to Complete)*

**NEIGHBOR AWARENESS** - The intent is to advise your neighbors who own property adjacent to your lot (property) line or unit. Neighbors must sign this form and may add their comments or concerns in the space provided below OR may independently submit their comments or concerns in writing. **Each neighbor must also initial each set of plans (every sheet of a multiple sheet plan).**

Impacted Rear Neighbor	
Name	
Address	
Signature	Date

Impacted Rear Neighbor	
Name	
Address	
Signature	Date

**Common Area or Back Yard - Rear of Home**

Adjacent Neighbor	
Name	
Address	
Signature	Date



Adjacent Neighbor	
Name	
Address	
Signature	Date

**Your Street - Front of Home**

Facing Neighbor	
Name	
Address	
Signature	Date

Facing Neighbor	
Name	
Address	
Signature	Date

Facing Neighbor	
Name	
Address	
Signature	Date

**NEIGHBOR CONCERNS OR COMMENTS:**

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**EXHIBIT 'C'**  
**NOTICE OF COMPLETION FORM**  
 LAKE HILLS RESERVE HOMEOWNERS ASSOCIATION

Today's Date: \_\_\_\_\_ Tract #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Address Where Work Took Place: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Daytime Phone: ( ) - \_\_\_\_\_ Evening Phone: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Notice is hereby given that the undersigned is the owner of the property where the work took place and that the work was completed on the date specified below:

Date Work Was Completed: \_\_\_\_\_  
 Applicant's Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
*(Please Print)*

Please provide the following documents in order that the Notice of Completion may be reviewed.

- Photographs of everything completed on the property.
- Copy of approved stamped plans *(and any approved revised/amended plans) (verify if Management retained an extra copy of the approved and/or revised plans before submitting).*

*(Do Not Write Below Line. This is to be completed by Architectural Review Committee Only)*

**Committee Comments:**

- |  |                          |                          |  |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
|--|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|-----------|--|-----|-----|-----|--|--------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|-------------|
| <p>Submittal</p> <p><input type="checkbox"/> <b>NOT APPROVED</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;">1st</td> <td style="width: 10%;">2nd</td> <td style="width: 10%;">3rd</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Incomplete Submittal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Require Additional Information</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Appearance Evaluation Review</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Checklist</td> </tr> </table> | 1st                      | 2nd                      | 3rd                                    |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incomplete Submittal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Require Additional Information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance Evaluation Review | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checklist | <p>Submittal</p> <p><input type="checkbox"/> <b>APPROVED WITH CONDITIONS</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;">1st</td> <td style="width: 10%;">2nd</td> <td style="width: 10%;">3rd</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Community CC&amp;R's</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Notes on Plans</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Appearance Evaluation Review Checklist</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Letter Dated _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Completion of Neighbor Awareness Form</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Completion of ARC Application Form</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </table> | 1st | 2nd | 3rd |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community CC&R's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Notes on Plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance Evaluation Review Checklist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Letter Dated _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completion of Neighbor Awareness Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completion of ARC Application Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |
| 1st  | 2nd                      | 3rd                      |  |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Incomplete Submittal                   |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Require Additional Information         |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Appearance Evaluation Review           |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Checklist                              |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| 1st  | 2nd                      | 3rd                      |  |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Community CC&R's                       |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Notes on Plans                         |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Appearance Evaluation Review Checklist |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Letter Dated _____                     |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Completion of Neighbor Awareness Form  |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Completion of ARC Application Form     |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Other _____                            |  |                          |                          |                          |                      |                          |                          |                          |                                |                          |                          |                          |                              |                          |                          |                          |           |  |     |     |     |  |                          |                          |                          |                  |                          |                          |                          |                |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                                       |                          |                          |                          |                                    |                          |                          |                          |             |

**Consultant Signature:**

\_\_\_\_\_  
 Signature (1st Submittal)

\_\_\_\_\_  
 Signature (2nd Submittal)

\_\_\_\_\_  
 Signature (3rd Submittal)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

*EXHIBIT 'D'*  
**LANDSCAPE/HARDSCAPE  
CHECK SUBMITTAL FORM**  
LAKE HILLS RESERVE HOMEOWNERS ASSOCIATION

ARCHITECTURAL  
REVIEW  
FEE  
(\$140.00)  
Front or Rear Yards

Staple Check Here  
Make Check Payable:  
Lake Hills Reserve Homeowners Association

ARCHITECTURAL  
REVIEW  
FEE  
(\$140.00)  
Front & Rear Yards

Staple Check Here  
Make Check Payable:  
Lake Hills Reserve Homeowners Association

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_