

Adjacent Homeowner Awareness Form

The attached plans were made available to the following homeowners for review.

	Rear	of Home		
Name Address		Name Address		
Signature	Date	Signature	Date	
Side of Home Homeowner Date	Last Name Address	LICANT'S HOME		eowner Date
	Front	t of Home		
Homeowner	Hom	neowner	H	omeowner
	Name		Name	
	Address		Address	

Date

Signature

Date

Name

Address

Signature

Name

Address

Signature

Date

Signature

My adjacent homeowners have seen the plans I am submitting for the Aesthetics Council review. I, as the applicant, certify that I have requested that my adjacent homeowners sign this statement confirming notification. Adjacent homeowners who sign this form are not prevented from making objections or comments, in writing, to the Design Review Office at designreview@santaluzhoa.com. All timely comments will be reviewed by the Aesthetics Council. I understand comments and objections do not cause denial of the plans.

APPLICANT'S SIGNATURE:	
Signature	Date: