

SUBMITTAL CHECKLIST

*Please complete and attach to your Architectural Application.
Failure to submit completed Submittal Checklist Form constitutes an incomplete submittal.
Incomplete Applications will be returned without review.*

ALL IMPROVEMENTS

In order to expedite the approval process, the Submittal Package for any Improvements must include the following:

- Complete Architectural Application
- Signed Neighbor Awareness Form
- Unit photos from all angles identifying architectural style & color scheme **PRIOR** to improvements.
- Detailed Plot Plan
- Description Cover Letter (if deemed necessary)
- Certificates of Insurance (including contractors' exclusions and proof of valid workers compensation insurance). The Association shall be named as an additional insured on the Certificates of Insurance for the period of time the work is in progress.
- A proposed construction schedule (including proposed start and completion dates)
- Names, addresses and phone numbers of all contractors and subcontractors who will work on the project

Please mail your complete application and applicable materials to the following address:

Action Property Management, Inc.,
600 Wilshire Blvd, Suite 1660,
Los Angeles, CA 90017

*****HOMEOWNERS MAY PROCEED WITH THEIR MODIFICATION PLANS ONLY AFTER RECEIPT OF AN OFFICIAL SIGNED APPROVAL FROM THE ARCHITECTURAL REVIEW COMMITTEE.**

ARCHITECTURAL APPLICATION

Please complete and this request form, the Submittal Checklist Form, and attach two (2) copies of your proposed improvement plans. Failure to submit completed Submittal Checklist Form constitutes an incomplete submittal. Incomplete Applications will be returned to the applicant without review.

HOMEOWNER'S INFORMATION

DATE: _____

NAME(S): _____

PROPERTY ADDRESS: _____ Marina del Rey, CA 90292

E-MAIL 1: _____ E-MAIL 2: _____

PHONE # _____ Home Mobile Work

PHONE # _____ Home Mobile Work

MAILING ADDRESS:

(By providing an off-site address, you are authorizing all written correspondence be sent to the address provided below.)

STREET _____

CITY _____ STATE _____ ZIP _____

TYPE OF WORK: *(Check all that are appropriate)*

Cabinet Installation/Replacement

Location _____ Color _____ Materials _____

Flooring Installation/Replacement

Flooring Type _____ Thickness _____ Weight _____ STC _____

Area of Installation _____ Padding: Thickness _____ Weight _____ STC _____

Flooring Type _____ Thickness _____ Weight _____ STC _____

Area of Installation _____ Padding: Thickness _____ Weight _____ STC _____

Interior Painting

Color _____ Area _____

Color _____ Area _____

Color _____ Area _____

Other:

Please clearly indicate all proposed modifications, include location, nature, kind, shape, height, weight, and materials including the color.

PROPOSED WORK SCHEDULE:

PROPOSED START DATE: _____ EXPECTED COMPLETION DATE: _____

OWNER'S SIGNATURE(S): _____ **DATE:** _____

THE REVIEW AND/OR APPROVAL OF ANY PLANS, IMPROVEMENTS, CONCEPTS, CONSTRUCTION, ETC. BY THE ARCHITECTURAL REVIEW COMMITTEE DOES NOT CONSTITUTE REVIEW OR APPROVAL OF PLANS WITH RESPECT TO CONFORMANCE WITH ANY APPLICABLE GOVERNING CODES AND ORDINANCES NOR STRUCTURAL STABILITY OR SUITABILITY.

(Please do not write below the line – to be completed by Architectural Review Committee Only)

Review Date: ____/____/____ YES: _____ | NO: _____ | Abstain: _____

PLANS APPROVED with the following conditions:

With conditions _____

PLANS NOT APPROVED (DENIED)

Reason(s) _____

NAME OF THE ARCHITECTURAL REVIEW MEMBER – PLEASE PRINT

SIGNATURE

DATE

NAME OF THE ARCHITECTURAL COMMITTEE MEMBER – PLEASE PRINT

SIGNATURE

DATE

NAME OF THE ARCHITECTURAL COMMITTEE MEMBER – PLEASE PRINT

SIGNATURE

DATE

ARCHITECT, ENGINEER AND/OR OWNER'S REPRESENTATIVE:

CONTACT/COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LICENSE #: _____ E-MAIL: _____

CONTACT/COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LICENSE #: _____ E-MAIL: _____

CONTACT/COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LICENSE #: _____ E-MAIL: _____

CONTACT/COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LICENSE #: _____ E-MAIL: _____

CONTACT/COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LICENSE #: _____ E-MAIL: _____

HOME IMPROVEMENT AGREEMENT

_____ Owner as ("Owner") of Unit # _____ ("Unit") wishes to remodel/redecorate and/or make improvements or alterations to his or her Unit.

OWNER AGREES as follows:

1. Scope of Work

All proposed alterations shall be submitted for review and approval. Upon written approval by the Architectural Review Committee, the approved scope of work shall constitute the "Work." All necessary Building Department permits shall be obtained prior to the commencement of the Work. No Work shall be done except when written approval from the Architectural Review Committee has been received.

2. Reimbursement of Expenses

Owner shall reimburse the Association for all costs and expenses incurred by the Association related to the presentations, approval and completion of the Work, including consulting, inspection and attorneys' fees.

3. Compliance

Owner acknowledges he/she is liable and wholly responsible for the conduct and actions of his/her contractor(s).

4. Liability for Damage

Owner shall be responsible for all injuries to persons and/or property damage to Common Areas or other Units caused by the Owner or related to or arising out of the Work. If the damage is not repaired in a timely manner, the Association may make the repairs and deduct the expenses from the Deposit and/or assess the Owner, after notice and hearing.

5. Concealed Conditions

All Building and Fire Code violations and/or deficiencies discovered during the course of the Work shall be reported to the Association and proper governmental authorities and shall be corrected at Owner's sole expense, whether such conditions are found in the Unit or the Common Areas surrounding the Unit. Contractors must walk through with the Building engineer to go over repairs and alterations to be made prior to the start of construction.

6. Licensed and Insured Vendors

Only licensed and insured construction managers, contractors, subcontractors and vendors shall make alterations to, direct alterations to, oversee alterations to, or make architectural decisions affecting any portion of the community. Each must carry Workers' Compensation Insurance and Commercial General Liability Insurance. Even if they are licensed and insured, they may be banned from the building, if in the opinion of the Board; they are unreliable, unsafe or establish a pattern of violating the Association's rules or standards.

7. Inspections

The Association shall have the right, but not the obligation, to periodically inspect the Work without prior notice. Owner agrees to allow inspections and agrees the Work shall be halted and Owner fined \$500.00 every time an inspection is not allowed. Such inspections do not relieve Owners from their duty to comply with all applicable Building and Fire Codes.

8. Compliance with Code

Owner shall ensure that all work and materials related to the Work will comply with all applicable Building and Fire Codes. Owner shall obtain all necessary permits required by the governing agencies to perform the work.

9. Water and Utility Shut-Offs

Water and utility shut-offs to the Unit shall be coordinated with Management and the building's on-site maintenance team.

10. Hardwood, Tiles, Stone Flooring

Second and third level units may not install hard-surface flooring without the prior written consent of **both** the Architectural Review Committee and the homeowner residing immediately below. All carpeting must be padded underneath by a minimum standard of 7/16' rebond or 40 oz. pad. Kitchen and main, front door entry areas and bathrooms are exempted.

11. Diligent Construction

The Work must be completed within the agreed schedule presented with the application from the Architectural Review Committee approval of the Work.

12. Incomplete or Inadequate Work

If the Work is incomplete or is completed in such a manner that Common Areas are adversely affected, the Association may correct the problem and assess the Owner for reimbursement.

13. No Mechanics Liens

Owners agree to indemnify and hold harmless the Association and its members against liability or loss arising from mechanics liens resulting from the Work.

14. Indemnity

The Association's consent to the Work shall not give rise to any liability by the Association or its representatives. Owner agrees to indemnify, hold harmless and defend the Association and its officers, directors, employees and agents from claims arising from the Work or its approval by the Association. This indemnity shall survive the termination of this Agreement.

15. Enforcement Provisions

The Association shall have the authority to impose monetary penalties, suspend work as well as workers' access to the Work, cure the violation or repair the damage and assess for reimbursement, and take such other action as may be allowed by law. Failure to comply or to restore conditions shall result in fines. Serious violations or actions endangering the health, safety, or welfare of residents, Association employees or guests will result in larger monetary penalties and/or expulsion of workers from the building. However, no such fines or penalties shall be imposed until after the Owner has been given notice and opportunity for a hearing.

OWNER'S SIGNATURE(S): _____

DATE: _____

NEIGHBOR AWARENESS FORM

(Owner to Complete)

NEIGHBOR AWARENESS - The intent is to notify your neighbors who own property adjacent to your unit of the improvement(s) you are proposing. 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.**

NEIGHBOR ABOVE – Unit # _____

Name _____

Signature _____

Neighbor to the Left – Unit # _____

Name _____

Signature _____

YOUR UNIT # _____

NEIGHBOR TO THE RIGHT – Unit # _____

Name _____

Signature _____

Neighbor below – Unit # _____

Name _____

Signature _____

NEIGHBOR CONCERNS OR COMMENTS:

NOTICE OF COMPLETION FORM

DATE: _____

NAME(S): _____

PROPERTY ADDRESS: _____ Marina del Rey, CA 90292

E-MAIL 1: _____ E-MAIL 2: _____

PHONE # _____ Home Mobile Work

PHONE # _____ Home Mobile Work

MAILING ADDRESS:

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STREET _____

CITY _____ STATE _____ ZIP _____

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: _____ SIGNATURE: _____

(PLEASE PRINT)

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

- Photographs of all works of improvement completed on the property.
- Copy of approved plans *(and any approved revised/amended plans)*.

(Please do not write below the line – to be completed by Architectural Review Committee Only)

Review Date: ____/____/____

YES: _____ | NO: _____ | Abstain: _____

NOC APPROVED with the following conditions:

With conditions _____

NOC NOT APPROVED (DENIED)

Reason(s) _____

NAME OF THE ARCHITECTURAL REVIEW CHAIR PERSON – PLEASE PRINT

SIGNATURE

DATE