

Avocet

Association, Inc.

c/o Association Management Group · 2131 Las Palmas Drive, Suite A · Carlsbad, CA 92011-1524
Phone: 760.931.4180 · FAX: 760.931.4188 · email: amg@sdamg.net

HOME PAINTING APPLICATION

Please complete this application and mail, e-mail or deliver to:

Avocet Association, Inc.
c/o Association Management Group
2131 Las Palmas Drive, Suite A
Carlsbad, CA 92011-1524
e-mail: amg@sdamg.net

This application is to be used only when you wish to repaint the exterior of your home. For all other types of projects, please complete the Architectural Application.

I. HOMEOWNER INFORMATION

NAME: _____ DATE: _____

PROPERTY ADDRESS: _____
STREET CITY/STATE ZIP

MAILING ADDRESS: _____
STREET CITY/STATE ZIP

HOME PHONE #: _____ WORK PHONE #: _____

E-MAIL: _____

PROPOSED START DATE: _____ PROPOSED COMPLETION DATE: _____

II. PAINTING OPTION DESIRED

_____ OPTION 1. I/We wish to repaint our home using its Original or Current Scheme.

_____ OPTION 2. I/We wish to repaint our home using a different Original Scheme or using an approved New Scheme. I/We understand that this Option is subject to the Sequencing Requirement which states, **“The Sequencing Requirement specifies that no home may use an Original Scheme or a New Scheme which is in use on another residence within three units on either side of the home to be painted, or directly across the street from it if applicable.”**

_____ OPTION 3. I/We wish to repaint our home using a Custom Scheme of our choice. I/We understand that this Option **REQUIRES** consultation with Avocet Association, Inc.'s Color Consultant. The consultant will meet with you to understand what your color preferences are and whether or not they will be compatible with the other 19 approved schemes. The fee for this consultation will be \$500.00 minimum and could be higher should you require more than two meetings with the consultant to finalize your scheme. Approval by the ARC and a majority of the Avocet Association, Inc. Board of Directors upon submission of your scheme is a further requirement. **Please include your check in the amount of \$500.00 when choosing Option 3.**

III. NEIGHBOR NOTIFICATION

The purpose of Neighbor Notification is to advise your neighbors who own property adjacent (on either side and facing your property) of your intent to paint your home. Their approval is not required, this is simply verification that impacted neighbors have been notified of your intentions. Impacted neighbors are requested to sign this form and may add comments on the back of the form, on an additional sheet attached to the form, or by contacting Association Management Group in writing. **You may not begin work until all impacted neighbors have been notified and Association Management Group has either received this application complete with their signatures or under separate cover.** You will receive an Approval Letter from AMG and may continue the project process at that time.

NEIGHBOR'S NAME & ADDRESS	No Objection ()	SIGNATURE
NEIGHBOR'S NAME & ADDRESS	No Objection ()	SIGNATURE
NEIGHBOR'S NAME & ADDRESS	No Objection ()	SIGNATURE

I UNDERSTAND AND AGREE THAT:

By submitting this HOME PAINTING APPLICATION, I have been/or will be contacted by a member of the Avocet Association Architectural Review Committee (ARC) who has/or will supply me with the Exterior Paint Schedule Book on a loan basis to select the color scheme I wish to utilize on my home unless I have chosen Option 3 to create my own scheme in conjunction with the Association's Color Consultant. I understand that this book is a community resource and agree to keep it in good condition and return it to the ARC member who contacted me after a reasonable period or upon request. Should the book be lost, destroyed or rendered unusable, I agree to pay the amount of \$500.00 to Avocet Association, Inc. to replace it. Once I have made my Color Scheme choice and received approval, I understand that I will be provided with a set of Approved Paint Chips by the Avocet Association, Inc. ARC representative. The chips are to be used by the Painting Contractor and/or Vendor supplying my paint for color matching purposes. If I choose to have paint supplied by a vendor other than the Association's Approved Vendor, Glidden Professional Paints, I understand and agree that prior to painting my home, I will submit chips of my Vendor's paint, or I will paint swatches on my home so the Avocet

Association, Inc. ARC representative can confirm the colors match the Approved Paint Chips I have been supplied with. **SHOULD I PROCEED WITH PAINTING MY HOME WITHOUT VERIFICATION BY THE AVOCET ASSOCIATION, INC. ARC REPRESENTATIVE, AND THE ARC DETERMINES THAT ANY OR ALL OF THE PAINT USED DOES NOT MATCH, I UNDERSTAND AND AGREE THAT I WILL REPAINT MY HOME USING APPROVED COLOR MATCHING PAINT AT MY EXPENSE.**

SIGNATURE: _____ DATE: _____
OWNER or Authorized Representative
(Authorization must be attached)

**THE FOLLOWING SECTION IS FOR THE ARCHITECTURAL REVIEW COMMITTEE ONLY
DO NOT COMPLETE**

() APPROVED
() REJECTED
REASON FOR REJECTION: _____

DATE: _____ SCHEME #: _____

APPROVED BY: _____ DATE: _____

() EXTERIOR PAINT SCHEDULE BOOK DELIVERED DATE: _____

() EXTERIOR PAINT SCHEDULE BOOK RETURNED DATE: _____

() APPROVED SCHEME PAINT CHIPS DELIVERED DATE: _____

() COLOR MATCHING APPROVED DATE: _____

() PROJECT STARTED DATE: _____

() PROJECT COMPLETED DATE: _____

() PROJECT INSPECTED AND APPROVED DATE: _____