



Solar

Application Checklist

Items Required to Submit Application

- ☐ Owner Signature on approval sheet
- ☐ Contractors Proposal
- ☐ Contractor's name and phone number
- ☐ Owner is responsible for submitting permits after approval

The Modification Committee usually meets on the third Thursday of each month. All applications must be submitted by the Friday prior to the meeting.

Homeowners are encouraged to attend the meeting in person to discuss their application if they have any questions. Please note that Modification Committee approval does not imply county approval; homeowners are responsible for obtaining all necessary county permits and approvals. Any questions or concerns please email the committee directly at eastwoodmodcommittee@gmail.com



APPLICATION FOR APPROVAL OF SOLAR MODIFICATION

Please type or print legibly:

Homeowner(s) Name: _____

Eastwood Address: _____

Contractor(s) Name: _____ Phone: _____

Home Phone: _____ Other Phone: _____

Email Address: _____ May we contact using email? Yes ☐ No ☐

The following is a list of required supporting documents. Your application may be considered and conditionally approved, pending receipt of Orange County Building Permit; However, one MUST be obtained and submitted to the management office as soon as it is received.

Building Permits:

One (1) copy of the Orange County Building permit MUST be submitted as soon as possible

Contractors Proposal:

The contractor's proposal must be submitted to show how and where it is attached on the roof

Association use only,
Date received by Management:

- I/We have reviewed or have had the opportunity to review the Architectural Guidelines and Review Procedures set forth by the Board.
- I/We understand and agree that the Association's approval is limited to only that which has been described in this application. Any other changes not specifically listed on this application we might wish to make, whether now or in the future, will require submission of another application.
- I/We understand and agree that it is our obligation to ensure that any and all changes made whether by us or by someone on our behalf are in strict compliance with this application as approved and I/We agree to take any and all action the Association requests and bear in its entirety the cost of such action should the Association deem the changes made by us or someone on our behalf are not in strict compliance with this application as approved.
- I/We agree to store all construction materials only on my/our own property and nowhere else and that all such materials will be removed no later than seven (7) days following completion of work.
- I/We understand and agree that the authority to perform the work approved must be completed within six (6) months following approval. If alteration is not completed within six (6) months, I/We will need to resubmit our application. Furthermore, I/We agree to honor any other deadlines established by the Modifications Committee as a condition of their approval.

Homeowner/Date_____ Homeowner/Date_____

Homeowner/Date_____ Homeowner/Date_____



APPROVED as submitted.

The undersigned certify that this application has been properly made, all required documentation has been presented, and the proposed project is in full compliance with all existing guidelines:

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____



DENIED as submitted.

The undersigned certify that this application is incomplete, AND/OR has not been properly made, AND/OR lacks all required documentation, AND/OR the proposed project is NOT in full compliance with all existing guidelines:

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

REVIEWED AND APPROVED BY _____ PRINT NAME _____ DATE _____

**COMMENTS
(OPTIONAL):**