

## OAK TRAIL ESTATES ARCHITECTURAL REVIEW REQUEST FORM

### To be completed by the Owner/Applicant

Applicant's name \_\_\_\_\_ Lot# \_\_\_\_\_ Date \_\_\_\_\_

I request approval of the following project (house, barn, fencing, pool, metal roof etc.) \_\_\_\_\_

Provide the exact dimensions and describe the shape, colors and appearance: For metal roofing, provide the type of finish ex: (Anti-glare/Matte or Gloss) \_\_\_\_\_

Is any earth moving required? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Is heavy equipment required? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe equipment and access to site: \_\_\_\_\_

County approvals: Not required \_\_\_\_\_ Pending \_\_\_\_\_ Granted \_\_\_\_\_ Permit# \_\_\_\_\_

If project is solar panels, above ground tanks, pool equipment, metal roofing, etc., describe proposed landscaping and/or screening/ shielding for glare: \_\_\_\_\_

Approvals require submission of building plans and/or sketches on a plot plan. These need not be elaborate but in sufficient detail that the Review Committee can ascertain the appearance and location of the proposed structure. Please refer to the Oak Trail Estates CC&Rs and ARC Rules and Guidelines for requirements. The Committee will contact you if additional information or samples are required. Please answer the following requirements:

Please answer the following requirements:

	OK	COMMENTS
Clear of easements and setbacks	_____	_____
Clear of water lines	_____	_____
Meets requirements: Building	_____	_____
Fire	_____	_____
Height limits	_____	_____
Grading	_____	_____
Color	_____	_____
Effect on neighbors: Appearance	_____	_____
Site	_____	_____
Glare	_____	_____
Noise	_____	_____
Access	_____	_____

I/We agree to complete the described project pursuant to the Oak Trail Estates CC&Rs & ARC Regulations, Santa Barbara County and any other applicable regulations.

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

\_\_\_\_\_  
(Signature of Owner/Applicant)

\_\_\_\_\_  
(Printed name of Owner/Applicant)

To be completed by the Architectural Review Committee Chairperson:

Is the project detrimental to appearance

of surrounding area or property as a whole?: Yes\_\_\_\_\_ No\_\_\_\_\_

Is the appearance in harmony with

surrounding area and structures?: Yes\_\_\_\_\_ No\_\_\_\_\_

Advice given owner:

Call water master Yes\_\_\_\_\_ No\_\_\_\_\_

Requires landscaping,  
screening or shielding Yes\_\_\_\_\_ No\_\_\_\_\_

Time limit Yes\_\_\_\_\_ No\_\_\_\_\_

Requires other approvals Yes\_\_\_\_\_ No\_\_\_\_\_

Responsibility for roads Yes\_\_\_\_\_ No\_\_\_\_\_

Responsibility to neighbors Yes\_\_\_\_\_ No\_\_\_\_\_

Additional Comments\_\_\_\_\_

ARC recommendations for approval : Date\_\_\_\_\_ Yes/No\_\_\_\_\_

ARC Chairperson's approval:

Date\_\_\_\_\_

(Signature of ARC Committee Chairperson)

(Printed name of ARC Committee Chairperson)

To be completed by the OTEHOA Board:

1) Board approved project: Yes\_\_\_\_\_ No\_\_\_\_\_

2) Conditional approval-Board approved project subject to the owner/applicant fulfilling the following requirements: Yes\_\_\_\_\_ No\_\_\_\_\_

Requirements to be fulfilled: \_\_\_\_\_

Open Meeting Board Meeting Vote

Date\_\_\_\_\_

(Signature of OTE Secretary)

(Printed name of OTE Secretary )