

FAIRCREST COMMUNITY ASSOCIATION

Design Review Application

Date: _____

Name: _____

Address: _____

Mailing Address: _____

Telephone: _____

Proposed Improvement: _____

**OWNERS ARE ADVISED THAT ALL IMPROVEMENTS FOR WHICH APPROVAL IS
HEREIN REQUESTED MUST BE COMPLETED WITHIN 45 DAYS OF COMMITTEE
APPROVAL.**

Design Review Committee:

You are hereby advised that the work described above is proposed and approval is requested. Attached is a drawing of work to be done and types of materials to be used as indicated on the drawings. We understand that building permits for lot improvements are required in certain instances by the City of Menifee, or appropriate governing agency, and that the cost of the permits and subsequent inspection will be borne by us.

We acknowledge that all approved changes in the original design will be at our expense; that any and all damage to or relocation of existing sprinkler systems, underground utilities, building structure, slopes, drainage systems, swales and exterior landscaping or other damage resulting from the construction of the proposed improvement shall be at our expense. Additionally, any maintenance of permitted improvements shall be at our expense, and we agree to hold Faircrest Association harmless for the cost of maintenance of same. Furthermore, we agree to hold the Association harmless from any liability, damage and/or loss resulting from the construction or performance of the proposed modification, whether or not constructed pursuant to approved plans, drawings, and/or specifications.

Signature(s) of Owner(s):

**APPLICANTS SHOULD REFER TO THE DESIGN REVIEW GUIDELINES FOR WHAT IS
REQUIRED WITH EACH SUBMITTAL I.E. NEIGHBOR NOTIFICATION SIGNATURES,
ELEVATIONS OF IMPROVEMENTS ON DRAWINGS, ETC.**

FAIRCREST COMMUNITY ASSOCIATION

FOR COMMITTEE USE ONLY: DO NOT WRITE BELOW THIS LINE

Date Reviewed: _____ Date Approved: _____ Date Rejected: _____

Conditions or Reasons: _____

Committee Member Signature

Print or Type Name

Committee Member Signature

Print or Type Name

Committee Member Signature

Print or Type Name

FAIRCREST COMMUNITY ASSOCIATION

Neighbor Advisement

The Design Review Committee has determined that it is in your best interest to advise the owners of adjacent properties of any proposed improvements to your property or lot and request that you have them sign where indicated below.

Date:

Owner(s)' Name(s) _____

Address of Proposed Improvements: (SEE ATTACHED PLANS)

NEIGHBORS: Your signature below acknowledges that you are aware of and have seen plans for the proposed improvements as outlined above. Your approval or disapproval shall be advisory only and shall not be binding in any way upon the decision of the Design Review Committee. Objections shall be voiced immediately in writing to the Design Review Committee through the Management company.

Neighbor's Address

Print or Type Name

Signature

***APPLICANT: PLEASE RETURN COMPLETED APPLICATION, DRAWINGS, SPECIFICATIONS, AND COLOR SAMPLES TO:**

**Faircrest Community Association
c/o Elite Community Management
38760 Sky Canyon Drive, Suite C
Murrieta, CA 92563**

QUESTIONS MAY BE REFERRED TO ELITE COMMUNITY MANAGEMENT AT (951) 699-1220.