



ARCHITECTURAL REQUEST FORM

Name:	Phone:	Date:
MVE Address:	Email:	

Complete this form to request approval for any modification to the exterior of your home, paint, fencing, hardscape, landscape or for new construction. To assure prompt consideration, submit all required materials for the type of improvement you are requesting approval. Incomplete applications will be returned. The Architectural Review Committee (ARC) does not review for adherence to engineering rules nor county/local codes. Please check with City of Manhattan Beach agencies for permits, regulations, etc. If you need to discuss your project, ask for an ARC representative to contact you by emailing Estates@avalonweb.com or calling (800) 342-7213. *Please check off and complete one row per application and submit the required materials including this form:*

	REQUESTING APPROVAL FOR:	REQUIRED FOR SUBMISSION:
<input type="checkbox"/>	EXTERIOR HOME MODIFICATION <input type="checkbox"/> Air Conditioning Unit <input type="checkbox"/> Exterior Light Fixtures <input type="checkbox"/> Front Door Replacement <input type="checkbox"/> Garage Door Replacement <input type="checkbox"/> Roof Change or Replacement <input type="checkbox"/> Satellite Dish Installation <input type="checkbox"/> Skylights <input type="checkbox"/> Solar Panels or Solar Tiles <input type="checkbox"/> Window Replacement	→ <input type="checkbox"/> Page 2: A, B, C, D, E <input type="checkbox"/> Include Pictures/Brochures
<input type="checkbox"/>	EXTERIOR PAINT / STAIN <input type="checkbox"/> New Color Scheme <input type="checkbox"/> Existing Color Scheme	→ <input type="checkbox"/> Page 3: F, G, H <input type="checkbox"/> Include Color Swatches
<input type="checkbox"/>	FENCE / BLOCK WALL MODIFICATION <input type="checkbox"/> Front, Side or Rear Fence/Block Wall <input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Page 2: A, B, C, D, E → <input type="checkbox"/> Include Pictures/Brochures <input type="checkbox"/> Page 4: Affected Neighbor Form
<input type="checkbox"/>	HARDSCAPE MODIFICATION / ASSESORY STRUCTURES <input type="checkbox"/> Driveway / Walkways <input type="checkbox"/> Decking / Patios <input type="checkbox"/> Permanent Accessory Structures (i.e. Pool/Spa, Pergola/Gazebo, Fire pit, BBQ, etc.)	<input type="checkbox"/> Page 2: A, B, C, D, E → <input type="checkbox"/> Include Pictures/Brochures <input type="checkbox"/> Page 4: Affected Neighbor Form
<input type="checkbox"/>	LANDSCAPE MODIFICATION <input type="checkbox"/> Tree removal/planting <input type="checkbox"/> Front yard plants, trellis, decorative elements	→ <input type="checkbox"/> Page 2: A, C, E
<input type="checkbox"/>	NEW ADDITION / NEW CONSTRUCTION <input type="checkbox"/> Exterior wall/roof line change, Second-story addition <input type="checkbox"/> Rebuild, new construction	<input type="checkbox"/> Plot & Floor Plans <input type="checkbox"/> Exterior Elevation Plans → <input type="checkbox"/> \$2,000 Architectural Review Fee <input type="checkbox"/> \$5,000 Construction Deposit <input type="checkbox"/> Page 4: Affected Neighbor Form

A. PROJECT DESCRIPTION. Please briefly describe the project. Use separate sheet for additional description.

B. MANUFACTURER / SUPPLIER

Provide manufacturer and model name or number for installed exterior modifications.

(Note: For paint projects skip this and fill out page 3 only)

Manufacturer _____
Model Name/Number _____
Color _____

C. LOCATION OF MODIFICATIONS

Please draw a diagram or attach a plot plan indicating the proposed location and relative sizing of exterior home modifications, fence/block wall, hardscape features, accessory structures, or landscape plants/features.

(Note: For paint projects skip this and fill out page 3 only)

D. PICTURES OR BROCHURES.

Please include brochures or pictures that most closely represent the finished look of the proposed modifications.

E. HOMEOWNER SIGNATURE:

Signature

Date

Provide completed application to Avalon Management with pictures and supporting materials by mail or email to estates@avalonweb.com. Committee is required to respond within 30 days but works to process requests sooner.

F. EXTERIOR PAINT/STAIN FORM

Fill out the below for any painting project.

AREA TO BE PAINTED¹	PAINT/STAIN MANUFACTURER²	MANUFACTURER'S COLOR NAME	COLOR CODE	FINISH Flat, Satin, Semi-Gloss, Gloss
Stucco				
Siding				
Trim – Primary <i>(suggested)</i>				
Trim – Secondary <i>(optional)</i>				
Front Entry Door				
Garage Doors				
Utility Closet Doors				
Iron Fencing & Contiguous Gates	Dunn-Edwards	Knob Green (REQUIRED COLOR)	Custom Color (bring paint chip to match)	Gloss (or higher)
Block Wall				
Other:				

¹See MVEHA painting guidelines for explanation of these areas. Leave associated row blank if not applicable.

²Abbreviation OK, e.g. SW for Sherwin-Williams, BJ for Benjamin Moore, etc.

G. PAINT/STAIN SWATCHES

Please submit swatches or samples from paint/stain manufacturers. Submitting without samples may result in delayed approval.

H. HOMEOWNER SIGNATURE:

Signature

Date

Provide completed application to Avalon Management with pictures and supporting materials by mail or email to estates@avalonweb.com. Committee is required to respond within 30 days but works to process requests sooner.

AFFECTED NEIGHBOR FORM

This form constitutes written confirmation that the attached plans were made available to affected neighbors.

Attention Neighbors: If you agree or do not agree, please feel free to note this on the form next to your name. You will be requested to attend a hearing with the ARC to express your concerns. Failure to attend will constitute your consent. This form is only required for fence/block wall modification, hardscape modification/accessory structures, and new addition/new construction.

Rear Neighbor
Name: _____
Address: _____
Signature: _____
Agree _____ Disagree _____

Backyard – Rear Facing

Adjacent Neighbor	Your Home	Adjacent Neighbor
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Signature: _____	Signature: _____	Signature: _____
Agree _____ Disagree _____		Agree _____ Disagree _____

Your Street – Front Facing

Facing Neighbor	Facing Neighbor
Name: _____	Name: _____
Address: _____	Address: _____
Signature: _____	Signature: _____
Agree _____ Disagree _____	Agree _____ Disagree _____

SUBMITTED BY:

My neighbors have seen the plans I am submitting for the ARC review (see above verification). I as the Owner certify that I have requested that my neighbors sign this statement confirming notification. I understand neighbor objections do not in themselves cause denial of the plans.

Property Address: _____

Owner Name: _____ Date: _____

MVEHA ARC OR BOARD USE ONLY

ARCHITECTURAL REQUEST DECISION:

APPROVED

APPROVAL CONDITIONAL AS FOLLOWS:

DISAPPROVED FOR THE FOLLOWING REASONS:

Date: _____

ARC Representative: _____

AVALON OFFICE USE ONLY

APPLICATION TRACKING NUMBER: _____ ARC-_____ (ARC-YYMMDD-NNX-#)

Received by Avalon Management, Date: _____

Forwarded to MVEHA ARC / Board, Date: _____

Incomplete Application Returned to Homeowner, Date: _____

Remarks: _____

MVEHA ARC/Board Decision Received: _____

Approve/Deny Letter Emailed/Mailed On: _____

Approve/Deny Letter Emailed/Mailed By: _____

NNX = Number of house (NN) and Street Code (X), e.g., 07W = 7 Westport.

Bridgeport = B

Cambridge = C

Chatham = H

Stratford = S

Village Circle = V

Westport = W