



Lake Shastina Property Owners Association

16320 Everhart Drive – Weed, CA 96094

Phone: (530) 938-3281

Fax: (503) 938-4739

Re-Roof Application

Date: _____ Application No.: _____

APN: _____ ECC Member: _____

Name: _____ Unit: _____ Lot: _____

Mailing Address: _____

Project Address: _____

(If different than mailing address)

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

I(We) authorize the LSPOA to send all correspondence regarding this application to the email address noted above: YES _____ NO: _____

Contractor Name: _____

Contractor Business: _____

Cell Phone: _____ Alternate Phone: _____

Required Information to be submitted with Application:

Roof Colors Sample or Photo Print out Roof Material Type

Deposits and Fees:

\$ 100.00 \$100.00 – Plan Compliance & Clean Up Deposit

\$ 20.00 \$20.00 – Inspection Fee.

\$ 120.00 **TOTAL FEES AND DEPOSITS**

IMPORTANT NOTICES

***Note: All Deposits are interdependent and will be held until project meets final plan compliance.**

***Note: Re-Inspection Fees vary from \$10.00 – \$50.00 depending upon subject.**

***Note: A \$35.00 Project Extension Fee will be applied after 1 year for each additional 6 months.**

***Note: All Fees and Deposits are subject to change by LSPOA Board of Directors**

ANY CHANGES TO ORIGINAL APPROVED PACKET MUST ALSO BE

SUBMITTED FOR APPROVAL BEFORE CONSTRUCTION

By signing this Application you are authorizing the Lake Shastina Property Owner's Association and its agents to enter your Lot(s) for purposes of inspection for any applicable Covenants, Conditions and Restrictions as they pertain to the purposed property Improvement, Modification or New Home Construction stated in the above project description.

Owner's Signature: _____ Date: _____

If contractor is acting as owner's agent and in behalf of owner, please sign below. Notices to be sent to owner.

Contractor's Signature: _____ Date: _____



LAKE SHASTINA PROPERTY OWNERS ASSOCIATION

16320 Everhart Drive Weed Ca 96094 Voice 530-938-3281 Fax 530-938-4739

NOTICE OF COMPLETION NEW HOME CONSTRUCTION, ADDITIONS OR MODIFICATIONS REQUEST FOR DEPOSIT REFUND

OFFICE USE ONLY

APPLICATION # _____
ECC MEMBER _____

DATE _____ UNIT# _____ LOT# _____

OWNER NAME _____ TELEPHONE _____

PROJECT LOT ADDRESS _____

PROJECT DESCRIPTION _____

I request final inspection from Lake Shastina Property Owners Association of the above project. I understand that an additional \$50.00 re-inspection fee will be charged if the project is not ready for inspection, (**including property pins**) does not comply with plans approved or is currently in violation with any Articles of the CC & R. I affirm that I am the original depositor of all deposits and am hereby entitled to the refund. I understand all deposits are interdependent and will be retained by LSPOA until Final plan compliance is approved and project conforms to CC & R.

Depositor's name: (print) _____ Telephone: _____

Depositor's signature: _____ Date: _____

Depositor's mailing address: _____

Must be sent to the Association office with the top filed in and executed for deposit refund to be processed

OFFICE USE ONLY

Environmental Control Committee: Inspected By: _____ Date: _____

APPROVED: _____ DENIED: _____ Final inspection check list attached or on back.(ECC approval date _____)
Plan changes need to be filed by owner to update approved plans for file Yes _____ No _____

Comments: _____

Re-inspection: Inspected By: _____ Date _____ Charge \$ _____

APPROVED: _____ DENIED: _____ Final inspection check list attached or on back.(ECC approval date _____)

Public Works: Applicable _____ Not Applicable _____ Drainage Final Date _____

Sewer Final Date: _____ Water Final Date: _____ Driveway Apron Final Date: _____

