



ARROWHEAD WOODS ARCHITECTURAL COMMITTEE

Post Office Box 2026 • Lake Arrowhead, CA. 92352

(909) 336-2755 – (909) 336-1016 – FAX

www.awac.biz

APPLICATION for PAINT AND/OR SIDING

Property Owner _____ Lot # _____ Tract # _____

Mailing Address _____ Site Address _____

City, State, Zip _____ Contractor Name _____

Phone # _____ License # _____

Fax # _____ Phone # _____

Email _____ Mailing Address _____

Application for Paint (*must include color chips and a picture of the house*)

Submit with Application Fee

Color chips for the main body and all trim color must be submitted to AWAC for approval prior to repainting. Semi transparent or solid bodied stains and earth tones, brown, tan and green colors, with appropriate trim color are most likely to be approved; however, alternate colors such as gray may also be approved. No white body colors or intense body (blue, yellow, etc) or trim colors will be approved.

Please provide the following:

Paint Brand _____ Body Color & Number _____

Trim Color & Number _____ Accent Color & Number _____

Application for Re-siding (*must include sample of material including color*)

Siding Material _____ Product Brand _____

Color of Material _____

Project must be completed within six (6) months of the AWAC approval date. If the project is not completed within the six (6) months, owner must re-apply for approval and pay all applicable fees. A reasonable fine may also be imposed by AWAC for breach of any of the terms and conditions of this Agreement as long as Applicant is given at least fifteen (15) days prior written notice of (I) hearing date set for consideration by AWAC of imposing such a reasonable fine and (II) the reasons therefore. Applicant may appear at said hearing and defend himself against the matters resulting in the notice of hearing.

OWNER OR OWNERS REPRESENTATIVE: I certify that I am the owner or the owners representative and have authority to execute this Application. I hereby acknowledge that I have read, understood and agree to be bound by the terms of this Application.

Signature _____ Date _____

FOR OFFICE USE ONLY - Please return both copies. Upon approval, a copy will be sent to you.

APPROVED BY _____ DATE _____
(Valid six (6) months from approval date)