



PALOS VERDES HOMES ASSOCIATION

320 Palos Verdes Dr W
Palos Verdes Estates, CA 90274
(310) 373-6721

DWELLING/COMMERCIAL APPLICATION

Owner _____ Phone _____
 Property Address _____ Email _____
 Mailing Address _____
 Lot _____ Block _____ Tract _____ Original Plan # _____
 Architect _____ Phone _____ Certificate _____
 Architect Email _____ Lot Area _____ Percent of Lot Covered by building _____

SQUARE FOOTAGE BREAKDOWN

Lower Floor _____ sq ft
 Upper Floor _____ sq ft
 Basement _____ sq ft
 Garage- 1/2 _____ sq ft
 Storage/ Utility-1/2 _____ sq ft
 Covered Porches-1/3 _____ sq ft
 Detached Structure _____ sq ft
 Total _____ sq ft

Type of Submission _____
 Received Date _____
 Fee Paid _____ Receipt # _____

TO THE PALOS VERDES HOMES ASSOCIATION:

Application is hereby made to Palos Verdes Homes Association and Palos Verdes Art Jury through the office of the Building Commissioner for the approval of plans in accordance with the description and for the purpose hereinafter set forth. This application is made subject to the following conditions which are hereby agreed to by the undersigned applicant and which shall be deemed conditions entering into the exercise of such approval.

FIRST: That this application does not grant any right or privilege to erect any building or other structure therein described, or any portion thereof, upon any street, alley, or other public place or portion thereof, or upon any portion of lot reserved by restrictions of record for setback or open space.

SECOND: That this application does not include permission for any structure, wall, garage, fence, outbuilding, sign, etc., not clearly shown on plans submitted herewith and that for each additional structure, wall, garage, fence, etc., not so shown, a new and additional application will be made.

THIRD: That this application does not grant any right or privilege to use any building or other structure therein described, or any portion thereof, for any purpose that is, or may hereafter be prohibited by the Palos Verdes Homes Association, or that is contrary to or prohibited by the restrictions of record applicable to said property.

I have carefully examined and read the above application and believe the same is true and correct.

SIGNATURE

FOR OFFICE USE ONLY

All Called Setbacks _____ Height Limit _____ Zone _____
 Easements _____ Architectural Type _____ Roof Type _____
 Special Restrictions _____ Survey (y/n) _____
 Floor Plans (pg) _____ Foundation Plans (pg) _____ Elevations (pg) _____ Roof Plan (pg) _____
 Exterior Materials _____ Roof Materials _____ Pitch _____

Plans Returned

Date	Name (print)	No. Plans	Date	Name (print)	No. Plans
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____