

**ARCHITECTURAL REVIEW FORM
JACKSON OAKS ASSOCIATION**

Date of request: _____

Name of Homeowners: _____

Address: _____

Telephone Number: (Home) _____ (Work) _____ Lot Number: _____

Please describe below the changes you propose to make to your property, including location, dimensions, materials, design, and colors. Be sure to include a diagram showing the proposed changes.

Estimated Completion Date: _____ Signature of Homeowner: _____

Please attach a detailed sketch or blueprint of your plans and mail the entire package to the following address:

Jackson Oaks Association
PO Box 518
Morgan Hill, CA. 95038
408-779-5964

You will receive a formal ruling on your proposal as soon as possible, within no more than 30 days.

ACTION TAKEN BY ARCHITECTURAL COMMITTEE and/or BOARD

Approved: _____ Disapproved: _____ Date: _____

Comments:
