

PLUMAS PINES II HOMEOWNERS ASSOCIATION  
**ARCHITECTURAL REQUEST FORM**

Name of Owner(s) \_\_\_\_\_ e-mail \_\_\_\_\_

Property Address \_\_\_\_\_, Blairsden, CA 96103

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Proposed Improvement (include drawings, color samples and brochures, as applicable. Be as detailed as possible – add additional pages as necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Start Date \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

***The Architectural Committee has sixty (60) days in which to respond to this request. Please allow for this time in your plans. Submit two (2) copies of this form along with any additional information describing the modifications/additions (including dimensions, materials to be used, color, locations on the property, distances to property lines, and elevation of improvements relative to existing dwelling).***

**NEIGHBOR (HOMEOWNER) ADVISEMENT (No Renters, please)**

Do you ***object*** to this request?

(Circle One)

**Yes No**

\_\_\_\_\_  
Print Name Address Signature

**Yes No**

\_\_\_\_\_  
Print Name Address Signature

*Note: Required for all dog-run fencing. Neighbor objections do not in themselves cause denial. However, the neighbors will be contacted to determine if their objections are appropriate.*

*The intent of this request form is to maintain consistency throughout the Plumas Pines II Homeowners Association and in compliance with its governing documents. **This form is not a substitute for any permits required by the city, state or county.** All work is subject to inspection by Plumas Pines II Homeowners Association.*

Owners' Signature \_\_\_\_\_ Date \_\_\_\_\_

Please take the time to include all the required information. Partially completed requests will be returned, causing delays in processing. Questions call: Karl Walquist (Committee Chair) at: [plumaspines2hoa@gmail.com](mailto:plumaspines2hoa@gmail.com)

**Email Request to:** PPIIHOA/Architectural Committee  
[plumaspines2hoa@gmail.com](mailto:plumaspines2hoa@gmail.com)  
P.O. Box 23, Graeagle, CA 96103

**Below this line is for use by the Architectural Committee only**

Conditions for approval or reason(s) for disapproval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_