

# EVO HOMEOWNERS ASSOCIATION

## REDECORATING APPLICATION

RETURN FORM TO: Evo Homeowners Association  
C/O Management Office  
1155 S. Grand Ave.  
Los Angeles, CA 90015

Name of Owner(s): (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Current Mailing Address(es):

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the following:

Name and company name of general contractor:  
\_\_\_\_\_  
\_\_\_\_\_

Phone numbers: \_\_\_\_\_

State License Number: \_\_\_\_\_

Name and company name of designer:  
\_\_\_\_\_  
\_\_\_\_\_

Phone numbers: \_\_\_\_\_

Name of other important contacts for this Project and phone numbers:

Insurance Carrier \_\_\_\_\_ Phone No. \_\_\_\_\_

Flooring \_\_\_\_\_ Phone No. \_\_\_\_\_

Painting \_\_\_\_\_ Phone No. \_\_\_\_\_

Other Vendor \_\_\_\_\_ Phone No. \_\_\_\_\_

Briefly describe proposed improvements:

Painting \_\_\_\_\_

Wood Refinishing \_\_\_\_\_

Carpeting \_\_\_\_\_

Window Coverings \_\_\_\_\_

Closet Organizer \_\_\_\_\_

Free Standing Wall System \_\_\_\_\_

Electrical Fixture Change (no wiring change) \_\_\_\_\_

Plumbing Fixture Change (no piping change) \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Estimated date of completion: \_\_\_\_\_

I/We, \_\_\_\_\_, legal Owner(s) of Unit # \_\_\_\_\_, understand that I/we am/are responsible for my worker's actions and any damages to the Common Area while the workers are in the building.

I/We further understand that the Architectural Guidelines are solely for the purpose of assisting in my/our construction project and are not inclusive of all Association policies and rules which might apply from time to time. Although certain building plans may be made available to me by the Association I/we assume full responsibility to verify any items on the plans which might affect modifications and require Architectural Review Firm approval.

I/We also understand that the Association, through the Board or its agent, has a right to inspect the premises at any time during normal business hours. I/We will comply with all city, county and state building codes and obtain necessary permits and inspections and will deliver a copy of same to the Management Office of the Association in a timely manner.

\_\_\_\_\_  
Unit Owner Date

\_\_\_\_\_  
Unit Owner Date

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Approved\*, Disapproved, or Approved with Conditions: \_\_\_\_\_

Date Insurance Received for Contractor: \_\_\_\_\_ Expiration Dates: \_\_\_\_\_

Any approval is conditioned upon the proposed improvements complying with all applicable laws and codes, including the California Fair Employment and Housing Act, building code or other applicable law governing land use or public safety. Thus, to the extent any of the proposed improvements violate any of these applicable laws and codes, the Association's approval shall be void and no effect as to the improvement(s) that violate any of the laws and codes.