



# HOMEOWNERS ASSOCIATION AUTHORIZATION

City of Larkspur Building Department  
400 Magnolia Ave.  
Larkspur, CA 94939  
(415) 927-5038

OFFICE USE ONLY

PERMIT NO.: \_\_\_\_\_

If your property is not part of an HOA, sign the declaration below and submit with building permit application.

I declare that my property is not subject to review by any homeowner's association or architectural committee at the following address:

\_\_\_\_\_

PROPERTY OWNER SIGNATURE

PRINT NAME

DATE

The purpose of this form is to facilitate homeowner's association (HOA) review of building permit applications for conformance with covenants, conditions, and restrictions (CC&R) that regulate development in the association. If the work description conforms with the CC&R the authorized HOA agent will sign, and this form can be submitted with the building permit application.

## PROPERTY/WORK DESCRIPTION

Site Address: \_\_\_\_\_ APN: \_\_\_\_\_

**ALTERATION/REPAIR**

**ADDITION**

**NEW**

**OTHER:** \_\_\_\_\_

Work Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HOMEOWNERS ASSOCIATION AUTHORIZATION

HOMEOWNER'S ASSOCIATION NAME: \_\_\_\_\_

HOA CONTACT PERSON NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please list any modifications, limitations, restrictions etc. to the work description stated above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that I am the authorized agent of the Homeowner's Association listed above, and that I approve of the work description, along with any listed modifications, limitations, restrictions etc.*

SIGNATURE

PRINT NAME

DATE