

MANAGEMENT DOCUMENT APPROVAL REQUEST

[B&P §11010.10]

RE 610 (Rev. 11/20)

SUBDIVISIONS

GENERAL INFORMATION	FOR OFFICE USE ONLY	DATE RECEIVED	
<ul style="list-style-type: none"> ✓ This form may be used to apply for original approval of management documents for a particular project pursuant to Section 11010.10. This Section permits under certain criteria review of homeowner association documents (CC&Rs, bylaws, and articles) prior to submittal of a Notice of Intention for the subdivision. ✓ Documents required — Proposed site plan; narrative description of overall offering; Articles of Incorporation; bylaws; CC&Rs; Regulation Check Sheet [RE 624 & 658 Filings] (RE 648). Only submit RE 648 if you do not have any Master Management document approval. ✓ Application filing fee — \$200 <i>[Business and Professions Code §11011(c)]</i> ✓ Narrative description — Attach an explanation of the overall development; such as available amenities, common areas, types of interests to be developed, or unusual aspects of the project. 	<p>FILE NUMBER</p> <hr/> <p>AMOUNT REQUIRED</p> <p>\$</p> <hr/> <p>AMOUNT RECEIVED</p> <p>\$</p> <hr/> <p>REFUND AMOUNT</p> <p>\$</p>	<p>DATE RECEIVED</p>	
	<ul style="list-style-type: none"> ✓ Office locations 320 W. 4th Street, Suite 350, Los Angeles CA 90013-1105 P.O. Box 137005, Sacramento CA 95813-7005 <i>(by mail)</i> or 1651 Exposition Blvd., Sacramento, CA 95815 <i>(in person)</i> 		

1. TYPE OF SUBDIVISION (CHECK ONE BOX)
 CONDOMINIUM PLANNED DEVELOPMENT MASTER PLANNED DEVELOPMENT (Including mixed use)

2. APPLICANT INFORMATION

NAME _____

ATTENTION _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (INCLUDE AREA CODE) _____ FAX NUMBER (INCLUDE AREA CODE) _____

EMAIL ADDRESS _____

3. MANAGEMENT DOCUMENTS PREPARER

NAME _____

ATTENTION _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (INCLUDE AREA CODE) _____ FAX NUMBER (INCLUDE AREA CODE) _____

EMAIL ADDRESS _____

4. PROJECT INFORMATION

TRACT NUMBERS (IF KNOWN)	PROPOSED NUMBER OF RESIDENTIAL LOTS/UNITS	ESTIMATED OVERALL COMPLETION DATE
ADVERTISING NAME _____		
LOCATION _____		COUNTY _____

CERTIFICATION

I hereby certify under penalty of perjury, that the statements contained in this form are, to the best of my/our knowledge, true and correct, and that I/we am/are owner(s) of the parcels herein described or intend to be the owner(s) at the time lots or parcels, improved or otherwise, are offered for sale or lease or that I/we am/are the agent's) authorized by such person(s) to complete this statement.

- Note:
- Verification made outside the State of California must be certified by a notary public.
 - If an agent will be submitting documents to Department of Real Estate on behalf of the subdivider, the subdivider must provide written authorization to that effect.

SIGNATURE OF SUBDIVIDER 	DATE
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PRINTED NAME OF SUBDIVIDER	CAPACITY
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NAME OF CORPORATION, LLC, PARTNERSHIP, ETC.

BUSINESS ADDRESS

CITY	COUNTY	STATE
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SIGNATURE OF SUBDIVIDER 	DATE
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PRINTED NAME OF SUBDIVIDER	CAPACITY
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NAME OF CORPORATION, LLC, PARTNERSHIP, ETC.

BUSINESS ADDRESS

CITY	COUNTY	STATE
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