LEISURE VILLAGE ASSOCIATION, INC.
TERMITE & OTHER WOOD DESTROYING ORGANISMS PERMIT APPLICATION

PERMIT NUMBER

PRINT CLEARLY

ATTACH WDO INSPECTION REPORT TO PERMIT

Owner's Name _____ Village Address _____

Model Name _____ Owner's Telephone _____

Contractor's Name _____ Telephone _____

Address _____ License No. _____

PLEASE READ CAREFULLY

CONDITIONS: By signing this Permit Application, owner(s) agrees to hold the Association harmless from all obligations, controversies, suits, or actions that may arise in connection with the work described in or done in connection with and pursuant to the permit. Owner accepts responsibility to maintain said improvements. Owner understands that the sprinkler system, trees and shrubs may not be altered or changed without further approval of the Association.

WORK MAY NOT COMMENCE ON THIS JOB UNTIL THIS PERMIT IS SIGNED BY LEISURE VILLAGE ASSOCIATION. PERMIT EXPIRES IN 60 DAYS, UNLESS EXTENDED BY THE LEISURE VILLAGE ASSOCIATION.
A COPY OF THIS PERMIT MUST BE DISPLAYED AT THE JOB SITE.

OWNER ACKNOWLEDGMENT: It is highly recommended the Owner obtain all required City of Camarillo Building Permits for work being done. A business doing work with a total value over $500, (labor and materials), is required to be licensed with the State of California Contractor's License Board. A business without a Contractor's License is limited to work involving $500 or less, (labor and materials). Contact a licensed insurance professional concerning appropriate levels of insurance the business should carry to work on your home. Owner acknowledges receipt of the Architectural Guidelines.

I have read and understand the foregoing conditions fully and by signing this Application I agree to abide by all terms and conditions herein set forth.

Homeowner's Signature _____ Date _____

UPON COMPLETION OF THIS PROJECT PLEASE CALL THE LVA OFFICE AT (805) 484-2861.

FOR ASSOCIATION USE ONLY

___ **Treatment Only. No structural repair. No charge to homeowner.**
___ **Treatment with Structural Repair. Architectural Permit Fee Applies.**
___ **Structural Repair with Dry Rot/Fungus Damage. Notify Residential Services.**

Committee Consultant: _____ Date _____

Approved to proceed: Date _____ By _____
___ Chairperson ___ Compliance Inspector

Final Inspection: _____ Date: _____
Compliance Inspector

Distribution: White: LVA Office Yellow: Committee Pink: Homeowner

REV 10/05/2023