

Management Document Approval Request

[B&P§11010.10]

RE 610 (Rev. 6/24)

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 — \$500 <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 651 Bannon Street, STE 506, Sacramento CA 95811 		

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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