

Sonoran Vista

Homeowners Association

ARCHITECTURAL REQUEST

****Please review CC&R's and ARC Guidelines prior to submittal****

Date: _____ Lot # _____
Owner's Name (s): _____
Address: _____
Mailing Address: _____
E-Mail Address For Quick Response: _____
Phone: (Home) _____ (Cell): _____ (Other): _____
Contractors Name, Address and Phone Number: _____

Description of work to be done: _____

Type of Materials to be used: _____

Color(s): _____ Dimensions (height, width, length) _____
Proposed starting and completion date: _____

****All work must be completed within 90 days of approval****

Please submit drawings and pictures of work to be completed/installed. If City approval is required, please submit plans to the Management Company first. Once you have received written approval by the Architectural Committee Board, please send a copy of the city approved plans to the Management Company for filing purposes only.

The undersigned adjacent owners have no objection to the proposed improvement.

Lot# _____	Signature _____	Date _____
Lot# _____	Signature _____	Date _____
Lot# _____	Signature _____	Date _____
Lot# _____	Signature _____	Date _____

I will assume the responsibility for any work under the above proposed improvement that my contractor or I accomplish, which may in the future adversely affect the common area. I will assume responsibility for all future maintenance of this addition or improvement.

Homeowner's signature: _____ Date _____

Return completed form to: Renaissance Community Partners
633 E Ray Rd, Suite 122
Gilbert, Arizona 85296
Phone: 480-813-6788 Fax: 480-545-6196 E-Mail: jb@rcplimited.com

For Committee Use Only

Comments: _____

Approved _____ Disallowed _____ Pending _____
Date _____