

TRACT 208 PROPERTY OWNER'S ASSOCIATION

C/O GOLDEN VALLEY PROPERTY MANAGEMENT

608 E. MISSOURI AVE STE #100

PHOENIX, AZ 85012

602-294-0999 (OFFICE) 602-294-0103 (FAX)

ARCHITECTURAL CHANGE APPLICATION

NAME(S): _____

ADDRESS: _____

LOT # _____

PHONE: (HOME) _____ (MOBILE) _____ (EMAIL) _____

NOTE! A MINIMUM OF 30 DAYS IS REQUIRED TO REVIEW AND RESPOND TO IMPROVEMENT REQUESTS.

Prior to committee review, the homeowner must sign to verify that:

1. Association fees are paid and current.
2. No liens and/or fines are owed to the Association.
3. I understand and agree that:
 - A. A copy of this request shall be returned to me after review by the Architectural Committee.
 - B. No work on this request shall commence until written approval by the Architectural Committee has been received.

APPLICATION INSTRUCTIONS: In addition to this application, you will need to submit the following attachments:

- A: Full details of purpose and/or reason for improvement.
- B: Site plan with location of improvement drawn to scale. Note distance from property lines. Show relationship of improvement to neighboring homes and/or open spaces.
- C: Scale drawings and/or illustrations showing design of proposed improvement and relationship to existing house.
- D: Type, color and size of improvement and materials.

1. Description of work to be done: _____

2. Type of materials to be used: _____

3. Color(s) to be used (include sample paint chips or materials if appropriate): _____

4. Dimensions of structure (heights, width, etc) if applicable: _____

5: Work to start within _____ days of approval.

Work to be completed within _____ days after approval.

Will permits from Phoenix be required? ____ Yes ____ No

Contractor Name: _____

Address: _____

Phone No: _____ License No: _____

Architectural Committee requests will be returned within 60 days. Requests will be approved, denied or returned for additional information. All approved requests are subject to an Architectural Committee completion review to assure the project has been completed as approved. If deviation from the approved requested has occurred, the property owner will be responsible for taking corrective action within 30 days to adhere to the request approval as granted.

HOMEOWNER SIGNATURE _____ DATE _____

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_____ **REJECTED:** Reason for rejection:

_____ **REVIEW/REVISION:** The following revision and additional submission are required:

_____ **REVIEW WITH CONDITIONAL APPROVAL:** The Architectural Change Form approved with the following changes required:

_____ **REVIEW WITH APPROVAL:** The Architectural Change Form submitted has met the requirements of Tract 208 Property Owner's Association. This approval constitutes issuance of the Certificate of Approval. This approval is subject to all applicable City and State permits, codes and regulations. These are the responsibility of the homeowner.

APPROVED BY:

Committee Member _____ Date _____

Committee Member _____ Date _____

Committee Member _____ Date _____

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COMPLETION REVIEW OF REQUEST

COMPLETION APPROVED: _____ Date _____