**OCOTILLO COVE HOMEOWNER’S ASSOCIATION**

**ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM**

Homeowner(s) will complete this form and submit it to The Architectural Landscaping and Covenants Review Committee (ALCRA) for approval. The committee will make a recommendation to the Board of Directors for action. If the Board of Directors does not approve the request, the homeowner may modify the plans so that they will be approved. The homeowner **is not** to proceed with any modification without the advance approval of the Board of Directors. The City of Tucson Building permits may be required.

In the event the Board, or its designated committee, fails to approve or disapprove such design and location within thirty (30) days after said plans and specifications have been submitted to it, approval shall be deemed denied, except that the party submitting the plans may resubmit the plans and if no response is given for thirty (30) days after a written request of certified mail for a decision, approval shall be deemed given.

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| **DATE SUBMITTED TO ALCRA:** | | | | | |  | | | | | | |
| **NAME:** |  | | | | | | | | | | | |
| **LOT:** |  | | **ADDRESS:** | | | | |  | | | | |
| **PHONE:** |  | | | | | | | **EMAIL:** | |  | | |
| **DESCRIPTION OF PROJECT/IMPROVEMENT:** | | | | | | | | |  | | | |
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| **COLOR (if applicable):** | | | |  | | | | | | | | |
| **LOCATION (if applicable):** | | | |  | | | | | | | | |
| **DIMENSIONS (if applicable):** | | | | |  | | | | | | | |
| **CONSTRUCTION MATERIAL (if applicable):** | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| **SUPPLIER/CONTRACTOR NAME:** | | | | | |  | | | | | | |
| **LICENSE #:** | |  | | | | **PHONE:** | | |  | | | |
| **REQUESTED START DATE:** | | | | | |  | | | | | | |
| **PLANNED COMPLETION DATE:** | | | | | |  | | | | | | |
| **In addition to this submittal form, please attach an accurate drawing using your lot dimensions to outline the exact location of the proposed improvement. An elevation of the proposed structure must be attached for room additions or any modifications that must tie into the roof line.**  **If the modification requires a permit, please attach a copy.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **RECOMMENDATION OF ALCRA:** | | | | | |  | **APPROVE** | | | |  | **DISAPPROVE** |
| **DATE ALCRA SUBMITTED TO BOARD:** | | | | | | | |  | | | | |
|  | | | | | |  |  | | | |  |  |
| **BOARD DECISION** | | | | | |  | **APPROVE** | | | |  | **DISAPPROVE** |
| **DATE:** | |  | | | | | | | | | | |
| **Approval of the modifications by the Board shall be in addition to, and not in place of, any approvals or permits that may be required under any federal, state, or local law, statute, ordinance, rule, or regulation.**  **Approval for the project is good for one year. The request must be resubmitted if not completed within the approved start/completion time.** | | | | | | | | | | | | |

**NEIGHBOR AWARENESS**

**You are not required to obtain the signatures of your neighbors who own the homes on either side of yours or the house (s) directly across the street. However, to promote goodwill between neighbors, you can obtain their signatures indicating that they have been informed of your plans. Support of or opposition to your plans may be made by any homeowner (including you) in writing and submitted to the ALCRA.**

**Print Neighbors Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Neighbor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Neighbors Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Neighbor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Neighbors Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Neighbor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**