

**IRONWOOD VILLAGE ARCHITECTURAL APPLICATION FORM WINDOW(S) ONLY**

Please mail, email, or fax to:

Ironwood Village Association, c/o AZCMS, 15300 N. 90th Street, Ste 800 Scottsdale, AZ 85260

Phone: (480) 355-1190 Fax: (480) 355-1191

**(Preferred)** Email: ARC@azcms.com

Deed Owner: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date work will begin: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Home Owner Contact Phone Number: \_\_\_\_\_

This form must be completed for all window replacements. An existing individual white frame window replacement will be allowed for maintenance reasons, provided that all windows facing the street or visible from neighboring properties shall match and must be a full frame replacement, narrow frame that is flush with stucco with nail fins, new vapor barrier and stucco cut back of 4 inches minimum. White framed windows cannot be part of an ongoing window replacement program, except in the Casitas. Original builder frames (if white) may be painted white for maintenance purposes or painted to match the base color of the home.

**Windows** (section V F, Section V J, Section III C, III ii) (Link to [GENERAL GUIDELINES & REGULATIONS](#))

The work is to be performed by \_\_\_\_\_

Casitas neighborhood  Yes or  No

Whole house replacement of windows  Yes or  No If NO Number of windows \_\_\_\_\_

Detailed location of windows to be changed if not a whole house replacement. Attached  Yes  No  NA

Window frame width in inches \_\_\_\_\_ (measured from the window glass to stucco not to exceed 2.5 inches)

Frame Color  Tan  Bronze  Black  White (Allowed in Casita or maintenance only with a detailed description below)

Glass Details: **No tinting allowed**

U-Factor \_\_\_\_\_ (must be less than or equal to 0.40) Heat Transfer

SHGC \_\_\_\_\_ (must be less than or equal to 0.25). Solar Heat Gain Coefficient

Nail Fins  Yes

New Vapor Barrier  Yes

Frame Flush with Stucco  Yes

Stucco to match original House Stucco  Yes

Material (attach brochures and Installer or contractor proposal) Attached  Yes or  No

Detailed description of changes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOMPLETE SUBMITTALS WILL BE DENIED.**

**Committee herein refers to the Board of Directors or the Architectural Review Committee**

I agree to comply with all applicable city and state laws, and to obtain all necessary permits. I also agree not to begin work until I have been notified in writing of the Committee's decision and to maintain all improvements to their original condition. Any work initiated prior to written approval by the Committee will be considered a violation. Violations may result in a fine, the requirement of the owner to return the property to its original condition, and/or other changes that may be directed by the Committee. The Committee will review all complete submittals within thirty (30) days of receipt. All work will be completed within sixty (60) days from day of approval. If work is not completed within sixty (60) days of approval, the owner is responsible for all violations and fines that may result. **Note, Approval by the Architectural Committee shall only be for adherence to the Design Intent of the General Guidelines & Regulations of Ironwood Village. The Owner and Contractor shall be responsible for complying with all applicable city and state laws and regulations.**

Deed Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Signature **REQUIRED** \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Incomplete, Revise and Resubmit  Not Approved

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Architectural Committee Member Signature verifying that final project meets Approved Submittal per Committee. Form Created 5/20/25

