

RIO DEL SOL CONDOMINIUMS (626)

REQUEST FOR ARCHITECTURAL APPROVAL

Rio Del Sol owners are responsible for the following exterior improvements: Windows, Balcony Carpet, Patio, HVAC.

Homeowner Name: _____

Unit #: _____ Phone: _____

Email: _____

____ Window Replacement – Milgard V250, 6170, HV, Standard Z-Bar, Exterior and Interior in Black, SuncoatMax (low E) glass. Optional thicker glass to reduce outside noise is extra. Supplier: River Valley Window and Door (928) 505-8198. 2650 N Kiowa Blvd, Lake Havasu City AZ 86403

____ Balcony Carpet - The manufacturer is Shaw, carpet name is Dream Weaver, color #702 Weathered Wood. Supplier: Tile and Carpet Unlimited at 791 Lake Havasu Ave, phone 928-505-5533 or Oasis Flooring.

____ Patio Pavers -Pavers should be 12" square in tan earth shade (for the 4'x8' patio). Pavers should be cut to fit around any post. Required: Black plastic retainer/border and reliable 4"-6" base such as compacted decomposed granite, crushed stone mixed with sand or gravel. Owners install patio/pavers over irrigation and water lines at their own risk. Should removal of pavers/concrete become necessary to address a plumbing issue, Owner is responsible to restore patio to original condition.

____ Exterior Door Replacement -Door must be RDS matching 6 panel insulated steel door painted in same exterior color. See RDS Exterior Door Replacement policy/procedure on RDS website.

____ Other- A/C units, Heat Pumps, etc. Please specify: _____

HVAC-No installation of single package heat pump units due to excessive strain on roofs (400-600 lbs). Submit quotes for approval on split or pancake models to Board prior to installation.

*Copy of work estimate must be provided with this application.

**Management must be informed if any work is done on the roof or requires roof access.

Attach plans (drawings, pictures, dimensions, photos, etc.)

Name of contractor: _____

Contractor phone: _____ Contractor email: _____

Contractor license: _____

As the homeowner, I am responsible for hiring a licensed and bonded contractor to complete above noted work. They/I will be responsible for all clean up and/or damages. Any variations or changes after approval, require re-approval.

Homeowner signature: _____ Date Submitted: _____

*** *ARCHITECTURAL COMMITTEE REVIEW (This section for Committee use only) * ***

Date reviewed: _____ APPROVED _____ DENIED _____ (Circle one)

Conditions of approval / reasons for denial: _____

Committee signature(s): _____ Date: _____

Approval of this request does not relieve applicant from obtaining necessary building permits from the applicable government agencies. This request should be submitted in duplicate.

Form can be delivered by mail or in person to HOAMCO, 2755 Silver Creek Rd, Suite 203, Bullhead City AZ 86442 or emailed to the Community Association Manager, Teresa O'Neal, at toneal@hoamco.com Phone (928)296-8181 x1601