

Desert Foothills North HOA
ARCHITECTURAL CHANGE REQUEST FORM

Please be as specific as possible. Incomplete information will delay the processing of your request. You will be notified in writing of the Architectural Control Committee's recommendation within forty-five (45) days of receipt. The Board of Directors will review the Committee's recommendation before final judgment is made. The process can not begin until the completed application is received and submitted to the architectural committee. ***It is the owner's responsibility to assure that all necessary Maricopa County Permits have been obtained.***

In order for the Architectural Control Committee to make a decision, please be sure to include the following applicable information:

- Color
- Materials to be used, provide sample if applicable.
- Sketch of proposed alteration as it will appear when completed
- Dimension (height, width, length)
- Location
- Any other pertinent information

Owner Name _____ Address _____ Lot# _____

Owner's Mailing Address (if different) _____

Email Address _____

Phone Number _____

PROPOSED CHANGE OR ALTERATION: _____

If additional space is needed please use additional sheets as necessary.

Estimated Beginning Date _____ Estimated Date of Completion _____

I understand that approval of proposed change(s) or alteration(s) does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances. If approved by the Architectural Control Committee, I agree to make the changes under the terms and conditions as specified in this approval document. I understand that all improvements must be within the boundary of my unit. I agree to accept responsibility for any and all disturbance or damage to Association's general common elements by either my contractor(s) or myself. The homeowner agrees to comply with all city, county and state laws to obtain all necessary permits. The Association is not responsible for the soundness of your project.

Signature of Homeowner _____ Date _____

SUBMIT COMPLETED REQUEST TO: Email: info@dfnhoa.com Desert Foothills North - Architectural
29834 N Cave Creek Rd #118-326
Cave Creek, AZ 85331
Phone: (480) 845-8001

ARCHITECTURAL CONTROL COMMITTEE USE ONLY:

Your request for the above change or alteration has been:

- Approved without exception.
- Approved with the following terms and conditions: _____
- Denied for the following reason(s): _____

Date Received:

By: Signature _____ Printed Name: _____ Date _____