

## ARCHITECTURAL CHANGE REQUEST APPLICATION

Community Name:				
Homeowner Name:				
Account #:		Lot	Lot/Unit:	
Property Address:				
Phone:		Email:	Email:	
·	ls to be used, color(s),	dimensions of st	al pages and drawings as necessary. cructure and location on lot, if applicable.	
Work to be performed by:			Work to be completed by:	
Submit to:	15300 N 90 <sup>th</sup> Stree	unity Management et, Ste 800, Scottso I: <u>ARC@azcms.cor</u>	dale, AZ 85260	
representative. If, in the vie	w of the Board of Directors, nprovement with the Home	the improvement is owner bearing all co	the Board of Directors or their duly appointed s not being maintained, the Association has the right osts. The Homeowner agrees to comply with all city,	
Signature of Homeowner			Date	
*A complete application ma reach out to <u>ARC@azcms.co</u>		for a response fron	n this office. If you need an earlier response, please	
The above-described ar	chitectural change is:	☐ Pending —	Request more Information	
☐ Approved	☐ Disapproved	☐ Approved	subject to the following conditions:	
Name of Association Re	enresentative Sig	nature		