



**Green Valley Villas West  
Condominium Association**

PO Box 120, Green Valley, Arizona 85622  
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**Architectural Alteration Application**

**Briefly Describe Alteration** (e.g. windows, doors, solar screens, shed . . . ) \_\_\_\_\_

Date: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Villa Address: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

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

To be constructed / installed by: \_\_\_\_\_

Proposed Start Date \_\_\_\_\_ Proposed Completion Date \_\_\_\_\_

*The alteration is to be completed within 180 days after the starting date indicated on the application or after the issuance of county permits, if required. A written request for an extension must be submitted to the Villas West Management Office, available in the office. **If applicable the following items are required: a copy of the permit, the contractor's license number, and proof of insurance.***

*I have read the **Architectural Alteration Requirements**, on **page 3** of this form, and **Sections 4.4 and 5 of the CC&R's** and I agree to comply.*

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

Committee recommendations/approval conditioned upon the following:

**Decision of the Committee:**

- Approved**                       **Pre-Approved**                       **Denied**                       **Hold**

**President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Sign-off when completed** \_\_\_\_\_  
\_\_\_\_\_

**Detailed Description of the Alteration:**