

Alpine Heights Homeowners Association

Request for Architectural Approval

Name: _____ Lot # _____

Address: _____

Phone: _____ email: _____

Please provide a description of the improvement(s) in detail and use additional pages and drawings if necessary. Include type of materials, colors, dimensions of structure and location on the lot. Be as specific as possible and include samples when applicable. All work must comply with Town of Payson codes. Include a copy of permit(s) if applicable.

Description of work:

Estimated start date: _____ Estimated completion date: _____

Contractor: _____

Phone: _____ email: _____

R.O.C. license(s) _____ Expires: _____

AHHOA recommends the use of licensed contractors

For faster response, email your request to ahpaysonboard@gmail.com

Or mail to: AHHOA P.O. Box 355 Payson AZ 85547

Owner signature _____ Date: _____

The described change is:

Approved: _____ Approved subject to changes: _____ Disapproved: _____

Architectural Review Committee member: _____ Date: _____

Final inspection date: _____ By: _____