Phoenix Crossing Design Review Request Form

Name:		Date Submitted:
Address:		Expected Date of Completion:
Phone Number		Email:
1.	Please circle one:	
Change	e of Exterior (Siding, color, ro	of, window etc.)
	Patio/Deck	Pool
	Shed	Fence
	Landscaping	Play structure
	Water feature	Other
ACC ap	proval is required ONLY if de	viating from originally installed material.
2.	Describe the reason for ch	_
	c. Location.	
1		he change is necessary
4.	Please attach the following a. Lot dimensions.	3:
	b. Outline of home, gar	age and setbacks.
	c. Dimensions of impro	-
	d. Visual improvement	s, pictures, drawings, brochure, paint swatch, material, etc.
_	.	new or a modified house structure.
5.		gation to check with the county/ city to obtain any permits
1	needed.	
	·	comply with the Covenants, State, Federal and county regulations
		the Association before improvements are begun. I understand that titute approval for local or state building departments and Imay be
		I agree to make the improvements in a timely manner after
-	- •	ACC committee has 30 days to review this information and respond
to the a	pplicant.	
Owner	Signature	Date
FOR TH	IE ACC:	
Approved Date Approve		Approved w/ conditions (attached) Date
Denied Date Varia		Variance Granted Date
Reviewed by:		Date