GREENVIEW HOMEOWNERS ASSOCIATION

Request for Approval of Architectural Change

Name		Lot	
Address	Phone No		
or architect plans as applicable:	necessary). Include type of mater	or changes (attach drawings, vendor specification sheets al to be used, color(s), and dimensions of structure, if	
Name of contractor/	person to perform work:		
Phone #	Contractor's license #		
Submit request to:	GREENVIEW HOMEOWNERS ASSOCIATION C/O Colby Management Inc. 17220 N. Boswell Blvd. #140 Sun City, AZ 85373 Office: 623-977-3860; Fax: 623-977-3577		
appointed representa	ative. If, in the view of the Board	f approved by the Board of Directors or their duly of Directors, the improvement is not being maintained, e improvement with the Homeowner bearing all costs.	
		y and state laws and to obtain all necessary permits. ation Specialist for any irrigation revisions.	
(Signature o	f Lot Owner)	(Date of Signature)	
	For Architectur	al Committee Use	
	ed architectural change is: Disapproved App	proved subject to the following conditions.	
APPROVAL TO	BE COMPLETED WITHIN	90 DAYS:	
Signature of Archit	tectural Committee Member	Date	

O\MANAGED PROPERTIES\FORMS\Architectural Change Form Revised: Friday, February 15, 2013