

Architectural & Landscape Revision Application
Shadows of the Ridge Homeowners' Association
P.O. Box 68694, Oro Valley, AZ 85737 Phone: (520) 742-3018 FAX: (520-319-3977)

Lot # _____ Date: _____

Owner(s) _____
(Please Print) (Please Print)

Address _____

Type of Project _____

Color Scheme _____ Construction Materials _____

Dimensions _____

Work Done by Self _____ Contractor _____

Phone _____/Cell _____

(Please sketch your project here (or attach second sheet))

ALL NECESSARY COUNTY PERMITS MUST BE OBTAINED FROM THE PROPER AGENCIES. ALL WORK MUST BE COMPLETED WITHIN _____ DAYS OF THE COMMENCEMENT IN A WORKMANSHIP-LIKE MANNER. TO PROMOTE AN ATTITUDE OF SHARING AND NEIGHBORLINESS, THE BOARD ENCOURAGES YOU TO DISCUSS OUR PROJECT WITH ADJOINING NEIGHBORS.

Applicant Signature/Date

Applicant Signature/Date

Date Approved _____

Comments _____
(please print)

Architectural Committee Member

Architectural Committee Member