

Office Use Only: Property Owner ID # _____

Change Request for Architectural/Landscaping Alterations

FORM MUST BE SUBMITTED BY WEDNESDAY AT 4:00 P.M. FOR THE FOLLOWING MONDAY'S AGENDA

Name (please print) _____ Lot ____ Subdivision _____

Address: _____ Sun City ____ Peoria ____ Phone (623)- _____

**REFER TO AC GUIDELINES FOR DIRECTIONS FOR MAKING CHANGES;
LIST PROPOSED CHANGES ON LINES PROVIDED BELOW**

For items involving colors: house painting schemes, awning colors, patio covers, driveway/patio coatings, shutters, and sun screens, see the Books at the Management Office for approved colors, then complete item in box below. Written approval or initials above from the Architectural Committee is required.

Please check and fill in:

____ Painting House: scheme # _____ list colors below on lines provided. Corner Lot? Yes__ No__

Trim Color: _____ Body Color: _____ Pop-up Color: _____

____ Driveway/patio coating: Color _____ Rollup patio awnings: Color _____

____ House awnings: Color _____ Sun Screens: Color _____

____ Aluma wood patio cover: Color _____ Shutter color _____
No w-pan cover

Changes: Additions such as walkways, building etc; landscaping; solar panels; or improvements you wish to make to the exterior of your home or lot need prior written approval from the Architectural Committee.

Please describe below: attach a sketch/drawing with accurate measurements of what you plan to do. Pre-photographs/sketches must be submitted before any exterior work is done to the yard or house. Post photographs must be submitted upon completion of work.

I am aware of the "CC&R's, Article IV, Section 2A for any Architectural Change". I also understand that if needed, it is my responsibility to secure a Building Permit from the City of Peoria and/or have someone locate underground utilities before making changes. (Call Blue Stake services to locate underground utilities; it is free – call 602 263-1100.

Property Owner's signature _____ Date Submitted: _____

On _____ the Architectural Committee met and reviewed your request. The Committee
____ approved; ____ approved with stipulation; ____ tabled; ____ denied; ____ other.

*Approved changes must be completed within 3 months or Application becomes null and void.

PLEASE return this request to the Management Office when work has been completed so an inspection can be made. Thank you. COMPLETION DATE: _____

For the Architectural Committee: Inspection Date _____ Inspected by _____
Approved _____ Failed _____