#### SPRINGTREE OF SOUTH GILBERT HOMEOWNERS' ASSOCIATION 4801 S. Lakeshore Drive Suite 203 Tempe, AZ 85282 (480) 921-3332 Fax (480) 921-7719 www.springtree.org

#### **Architectural Design Request Form**

NAME:						
ADDRESS:						
LOT #:						
PHONE: HM (	_)					
PHONE: WK (	_)					
Prior to committee <b>1</b>	review, th	ie homeowne	er must sig	n to verify	that:	

- 1) His/Her Association fees are paid and current;
  - · •
  - 2) No liens and/or fines are owed to the Association;
  - 3) I understand and agree that:
    - a) A copy of this request shall be returned to me after review by the Architectural Design Committee.
    - b) No work on this request shall commence until written approval of the Architectural Design Committee has been received by me. Once I have mailed, emailed, delivered or otherwise submitted my improvement for review by the Architectural Committee, I will receive an "acknowledgement" of receipt of my submittal within 5 business days. If I do not receive this "acknowledgment" letter within 5 business days, I must contact the Association office immediately as my work submittal is deemed "denied" by the Architectural Committee. I will not start any work without approval as I may be required to remove changes of improvements at my own cost.
    - c) It is my responsibility to verify and comply with all county and city zoning and building codes. In the event that my request requires city or county approval, I verify that I have received the proper approval and have submitted proof of that approval to the Architectural Design Committee along with the request.

d) I understand that the Architectural Design Committee and the Association shall not bear any responsibility for ensuring structural integrity or soundness of approved construction or modifications and/or compliance with building codes and other governmental requirements, and I agree and acknowledge that the Association, any committee, or any member of any committee shall not be held liable for any claim whatsoever arising out of construction on or modifications to my property.

# HOMEOWNER SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

### <u>REQUEST</u>

<u>Description of Request</u> - Provide full details or purpose and/or reason, type, color, size of improvement and materials, and location utilizing page two of this form. Use additional 8 1/2" x 11" paper if necessary. **NOTE: AN ACCURATE DRAWING MUST BE ATTACHED. AN ACCURATE SITE PLAN MUST BE INCLUDED.** 

#### ARCHITECTURAL CHANGE REQUEST FORM PAGE 3

1. Contractor Name, Address, and Phone Number: 2. Description of work to be done: 3. Type of materials to be used: \_\_\_\_\_ 4. Color(s) to be used (include sample paint chips or materials if appropriate): 5. Dimensions of structure (height, width, etc) if applicable: Architectural Design Committee requests will be reviewed within 45 days. Requests will be approved, denied, or returned for additional information.

## HOMEOWNER SIGNATURE

DATE SIGNED \_\_\_\_\_

ARCHITECTURAL CHANGE REQUEST FORM PAGE 4

The Architectural Design Committee has taken the following action on this application:

<b>REJECTED.</b>	Application does not meet the Design Guidelines for the
Homeowners'	Association.

**REVIEWED THE APPLICATION.** The following revision and additional submissions are required to meet the Homeowners' Association:

**REVIEWED AND CONDITIONALLY APPROVED** the Architectural Design Form with the following changes required:

**REVIEWED AND APPROVED** the Architectural Design Form submitted as meeting the requirements of the Homeowners' Association. This approval constitutes issuance of the Certificate of Approval. This approval is subject to all applicable City and State permits, codes, and regulations. These are the responsibility of the homeowner.

BY:\_\_\_\_\_

DATED: \_\_\_\_\_