

PALM VALLEY COMMUNITY ASSOCIATION
Request for Architectural Approval

NAME _____ PARCEL# _____ LOT# _____ Golf Lot: YES NO
(PLEASE PRINT CLEARLY) (CIRCLE ONE)

ADDRESS _____ PHONE NO. _____ EMAIL: _____

THE FOLLOWING INFORMATION MUST BE INCLUDED FOR YOUR REQUEST TO BE CONSIDERED.

CHECK OFF EACH REQUIRED DOCUMENT THAT YOU HAVE INCLUDED:

- Plot Plan
- Drawing
- Photograph(s)
- Color Sample

*All projects must be completed within six (6) months of the approval date. If a project is not completed within the six (6) months - project must be resubmitted for review.

Provide Description of Request in Detail (Please include type of materials to be used, color(s), dimensions of structure and location on lot, if applicable.)

Work to be performed by: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Submit to: Palm Valley Community Association
c/o FirstService Residential
16150 N Arrowhead Ftn Ctr Dr. Suite #200, Peoria, AZ 85382
Telephone: (480) 551-4300 Fax (480) 551-6000

The Homeowner agrees to maintain the improvement if approved by the Board of Directors or their duly appointed representative. If, in the view of the Board of Directors, the improvement is not being maintained, the Association has the right to remove or maintain the improvement with the Homeowner bearing all costs. The Homeowner agrees to comply with all city, county and state laws and to obtain all necessary permits.

X _____
Signature of Homeowner

Date

The above described architectural change is:

_____ Approved _____ Disapproved _____ Approved subject to the following conditions:

Association Representative

Date