

# OVERLOOK AT FIREROCK HOMEOWNERS' ASSOCIATION

## Architectural Change Application

HOMEOWNER NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOT # \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE NOTE: A MAXIMUM OF 45 DAYS IS REQUIRED TO PROPERLY REVIEW AND RESPOND TO IMPROVEMENT REQUESTS.**

Prior to committee review, the homeowner must sign to verify that:

1. 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 Committee
  - B. No work on this request shall commence until written approval by the Architectural Committee has been received.

### APPLICATION INSTRUCTIONS

In addition to this application, you will need to submit the following attachments:

- Full details of purpose and/or reason for improvement.
- Site plan with location of improvement drawn to scale. Note distance from property lines. Show relationship of improvement to neighboring homes and/or open spaces.
- Scale drawings and/or illustrations showing design of proposed improvement and relationship to existing house.
- Type, color and size of improvement and materials.

1. Description of work to be done: \_\_\_\_\_

2. Type of materials to be used: \_\_\_\_\_

3. Color(s) to be used (include sample paint chips or materials if appropriate): \_\_\_\_\_

4. Dimensions of structure (heights, width, etc.) if applicable: \_\_\_\_\_

5. Work to start within \_\_\_\_\_ days of approval.

Work to be completed within \_\_\_\_\_ days after approval.

Will permits from Fountain Hills be required? \_\_\_\_ Yes \_\_\_\_ No

Contractor/Company Name: \_\_\_\_\_

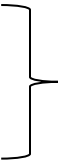
Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ License No: \_\_\_\_\_

Architectural Committee requests will be returned within 45 days. Requests will be approved, denied, or returned for additional information. All approved requests are subject to an Architectural Committee completion review to assure the project has been completed as approved. If deviation from the approved requested has occurred, the homeowner will be responsible for taking corrective action within 30 days to adhere to the request approval as granted. By signing below, we acknowledge that we have received the guidelines applicable to this application and agree to follow them as written.

HOMEOWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- REJECTED
- ADDITIONAL INFORMATION REQUIRED
- APPROVED WITH CONDITIONS
- APPROVED



*Refer to comments below  
for details, as applicable*

COMMENTS:

This Architectural Change submittal, when approved (with conditions as applicable), constitutes issuance of the Certificate of Approval. This approval is subject to all applicable City & State permits, codes and regulations, with the homeowner responsible for compliance.

REVIEWED/APPROVED BY:

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

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**COMPLETION REVIEW OF REQUEST**

COMPLETION APPROVED: \_\_\_\_\_ Date \_\_\_\_\_