

LA COLINA HOMEOWNERS' ASSOCIATION APPLICATION FOR DESIGN REVIEW

EACH REQUEST REQUIRES ITS OWN APPLICATION

To comply with the CC&Rs, please submit this application with all the required attachments to:

La Colina Homeowners' Association
c/o Vision Community Management
16625 S Desert Foothills Pkwy • Phoenix, AZ 85048
Phone: (480) 759-4945 • Fax: (480) 759-8683
Email: LaColina@WeAreVision.com • Website: www.WeAreVision.com/LAC

If you have not received any form of communication from the Committee or the Association after (30) days, please call Vision Community Management for an update.

Homeowner's Name: _____
Homeowner's Mailing Address: _____
City: _____ State: _____ Zip: _____ Lot #: _____
Property Address: _____
Phone: _____ Email: _____

The undersigned hereby submits its Application for Design Review to the Architectural Committee or the Board of Directors of La Colina Homeowners' Association for review and approval of the following item(s):

Painting of House

Approved Scheme # _____

If using colors that are not among the Approved Schemes: Supply the Brand, Paint Colors, Sheen:

Body: _____ Trim: _____ Accents: _____

Pop-Outs: _____ Garage: _____ Front Door: _____

Other: _____

Note: if not using an approved scheme, you must apply paint(s) to the front of the house for approval by the ARC.

Front Yard Changes (sidewalk, driveway, statuary, fixed structures such as short walls, statuary, home additions)

Describe desired changes and supply dimensions, color, materials to be used, drawings, photographs of proposed projects

Back Yard Changes (for all structures, play equipment, home additions that exceed the height of the wall surrounding the yard)

Describe desired changes and supply dimensions, color, materials to be used, drawings, photographs of proposed projects

Expected Completion Date: _____ (Note the changes must be completed within thirty (30) days from project start date)

Please notify the Community Manager at 480-759-4945 if you have any questions. The homeowner agrees to comply with all applicable city, county and state laws and obtain any necessary permits. The application and the drawing will be retained for the Association's records.

Homeowner's Signature _____ Date: _____

FOR ASSOCIATION USE ONLY

Signature: _____

The above architectural change is Approved _____ Disapproved _____

Approved subject to the following conditions
