SUN WEST TRAILS HOMEOWNER ASSOCIATION APPLICATION FOR DESIGN REVIEW

EACH REQUEST REQUIRES ITS OWN APPLICATION

All applications for changes to the exterior of your residence must be submitted to the Sun West Trails Homeowner Association's Architectural Design Review Committee/Board of Directors. The Association's Covenants, Conditions and Restrictions (CC&Rs) require that a homeowner obtain the prior written approval for any structural change, alteration or addition to a property within the community.

Please note that approved applications must be completed in a timely manner. A project completion date is required on the Application. If additional time is required for you to finish your project, an extension request is listed on the second page of these forms.

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

Sun West Trails Homeowner Association c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683

Email: SunWestTrails@WeAreVision.com • Website: www.WeAreVision.com

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:			
Property Address:			
	Email:		
The undersigned hereby submits in the Board of Directors of Sun World following item(s): Painting of Residence - Scher	est Trails Homeowne	er Association for	review and approval of the
Body:	Trim:	Ac	cents:
Pop-Outs:	_Garage:	Fı	ront Door:
Other:			
Installation of Landscaping		Revamping of la	ndscaping
Addition of:		t	o/on the residence (building)
Addition of:		t	o/on the lot (property/land)
Installation of a pool/spa			
Other (please enesity).			

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Attached please find plans and/or specifications of tappropriate):	the above marked items for application, which includes (I
Dimensions (height, width, length)	Sample of color(s) to be used
Drawings	Plant type and location
Samples or descriptions of materials to be used	d Type of material
Photographs or sample elevations for a visual p	picture of the proposed project
Person doing installation/work:	
Licensed contractor: Yes No	
Expected completion date:	
not be complete in order to determine approval or disapprove the Application and return it to me with a s	ave any questions. I understand that should the application r disapproval, the Architectural Committee or Board will statement for the disapproval. The owner agrees to comply I to obtain all necessary permits. This application and the statement for the complexity of the content of the statement of the content of the con
COMPLETION DATE EXTENSIONS are available if r	required. If this application is requesting an extension wha
is that date:	
Homeowner's Signature	Date:
	ATION USE ONLY Architectural Committee or Board of Directors
Approves the above application	
Approves the above application with the followi	ing conditions:
Disapproves the above application for the follow	wing reason(s):
Signature:	Date: