Sun Gardens Home Owners Association Application for Design Review

All applications for structural changes to the interior of your residence must be submitted to the Sun Gardens Home Owner Association Architectural Design Review Committee/Board of Directors. Sun Gardens Home Owners 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 property within the Sun Gardens Home Owners Association. See page 7 Section 11 of the CC&R's.

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 Gardens Home Owners Association c/o Vision Community Management
16625 S Desert Foothills Pkwy • Phoenix, AZ 85048
Phone: (480) 759-4945 • Fax: (480) 759-8683

Email: Sungardens@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 the Community Manager for a status update.

Homeowner's Name:			
Homeowner's Mailing Address: _			
City:	State:	Zip:	Lot #:
Property Address:			
Phone:	Email	:	
The undersigned hereby submits it the Board of Directors of Sun Ga following item(s):			
Painting of residence		Outer building	Walls/fences
Installation of Landscaping	Revamping of landscaping		
Addition of:			to/on the residence (building)
Addition of:			to/on the lot (property/land)
Installation of a pool/spa			
Other (please specify):			

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Attached please find plans and	or specifications of the above	marked items for application, w	nich includes (if appropriate):		
Dimensions (height, width	ı, length)	Sample of color(s) to be us	sed		
Drawings		Plant type and location			
Samples or descriptions of	of materials to be used	Type of material			
Photographs or sample el	levations for a visual picture of	the proposed project			
Person doing installation/	work:				
Licensed contractor:	Yes No				
Expected completion date:					
Please notify me at complete in order to determine Application and return it to me County, and State laws and the Association's records.	ne approval or disapproval, with a statement for the disap	the Architectural Committee of proval. The owner agrees to co	or Board will disapprove the omply with all applicable City,		
COMPLETION DATE EXTENS date:	SIONS are available if required	d. If this application is request	ing an extension what is that		
Homeowner's Signature			Date:		
Homeowner's Signature		Date:			
Homeowner's Signature	FOR ASSOCIAT				
	FOR ASSOCIAT				
	FOR ASSOCIAT	ION USE ONLY			
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