CALABREA HOMEOWNERS ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Calabrea Homeowners Association's Architectural Design Review Committee/Board of Directors. The Calabrea Homeowners 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 Calabrea Homeowners Association. See Article 3.1 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:

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

Email: Calabrea@WeAreVision.com • Website: www.wearevision.com

The time period for approval begins when this application is received by the Committee. The Committee may take up to (45) days to approve, approve with conditions, or disapprove the application. If you have not received any form of communication from the Committee or the Association after (30) days, please call Vision Community Management for a status update.

Homeowner's Name:			
Homeowner's Mailing Address:			
City:			
Property Address:			
Phone:			
The undersigned hereby submits the Board of Directors of Calabrea item(s):	its Application for De	sign Review to t	the Architectural Committee o
Painting of Residence - Sche	me #		
Body:	Trim:	Д	accents:
Pop-Outs:	Garage:		Front Door:
Other:			
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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appropriate): Dimensions (height, width, length) Sample of color(s) to be used Drawings Plant type and location Samples or descriptions of materials to be used Type of material Photographs or sample elevations for a visual picture of the proposed project Person doing installation/work: Licensed contractor: Yes ___ No Expected completion date: Please notify me at _____ if you have any questions. I understand that should the application not be complete in order to determine approval or disapproval, the Architectural Committee or Board will disapprove the Application and return it to me with a statement for the disapproval. The owner agrees to comply with all applicable City, County, and State laws and to obtain all necessary permits. This application and the drawing will be retained for the Association's records. COMPLETION DATE EXTENSIONS are available if required. If this application is requesting an extension what is that date: Homeowner's Signature _____ Date: _____ FOR ASSOCIATION USE ONLY **Calabrea Homeowners Association Architectural Committee or Board of Directors** Approves the above application Approves the above application with the following conditions: Disapproves the above application for the following reason(s): Signature: Date: Date Received Mailed to Committee Received from Committee Mailed to Homeowner

Attached please find plans and/or specifications of the above marked items for application, which includes (if