

# ASPEN SHADOWS CONDOMINIUM 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 Aspen Shadows Condominium 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:**

Aspen Shadows Condominium Association  
c/o Vision Community Management  
16625 S Desert Foothills Pkwy • Phoenix, AZ 85048  
Phone: (480) 759-4945 • Fax: (480) 759-8683  
Email: AspenShadows@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: \_\_\_\_\_ 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 Aspen Shadows Condominium Association for review and approval of the following item(s):

\_\_\_ Painting of Residence - Scheme # \_\_\_\_\_

Body: \_\_\_\_\_ Trim: \_\_\_\_\_ 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): \_\_\_\_\_

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

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**FOR ASSOCIATION USE ONLY**

**Aspen Shadows Condominium 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: \_\_\_\_\_