PIONEER VALLEY HOMEOWNERS ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Pioneer Valley Homeowners Association 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: Pioneer Valley Homeowners Association c/o Vision Community Management
 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683
 Email: PioneerValley@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 a status update.

Homeowner's Name:					
Homeowner's Mailing	g Address:				
City:	State:	Zip:	Lot #:		
Property Address:					
		Email:			
or the Board of Directo the following item(s):	by submits its Application for Des ors of Pioneer Valley Homeowne nce - Scheme #	rs Association. fo	or review and approval of		
Body:	Trim:	im: Accents:			
Pop-Outs:	Garage:	Front Door:			
Other:					
Installation of Lan	andscaping Revamping of landscaping				
Addition of:		to/on the residence (building)			
Addition of:		to	to/on the lot (property/land)		
Other (please spe	ecify):				

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

Dimensions (height, w	idth, length)	Sample of color(s) to b	be used	
Drawings		Plant type and location	ı	
Samples or description	ns of materials to be used	Type of material		
Photographs or sample	e elevations for a visual pict	ure of the proposed project		
Person doing installation	on/work:			
Licensed contractor:	Yes No			
Expected completion date	:	-		
Please notify me at not be complete in order to disapprove the Application a with all applicable City, Cou drawing will be retained for t	 determine approval or d nd return it to me with a stat nty, and State laws and to 	isapproval, the Architectura ement for the disapproval.		
COMPLETION DATE EXTE	NSIONS are available if req	uired. If this application is re	equesting an extension what	
is that date:				
Homeowner's Signature		Date:		
Pioneer Valley Home	FOR ASSOCIAT	TON USE ONLY chitectural Committee of	or Board of Directors	
Approves the above a	oplication			
Approves the above a	oplication with the following	conditions:		
Disapproves the above	e application for the followin	g reason(s):		
			_	
Signature:		Date:		
Signature:	Mailed to Committee	Date:	Mailed to Homeowner	