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

Email: SouthernEnclave@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:			
	Email:		
The undersigned hereby submits it the Board of Directors of Southerr following item(s): Painting of Residence - Schem	n Enclave Homeown	er Association fo	or review and approval of the
Body:	Trim:	Ac	ccents:
Pop-Outs:	Garage:	F	Front Door:
Other:			
Installation of Landscaping		Revamping of la	andscaping
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 appropriate):	e above marked items for application, which includes (if
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 pi	cture of the proposed project
Person doing installation/work:	
Licensed contractor: Yes No	
Expected completion date:	<u> </u>
not be complete in order to determine approval or disapprove the Application and return it to me with a stawith all applicable City, County, and State laws and the drawing will be retained for the Association's records.	ve any questions. I understand that should the application disapproval, the Architectural Committee or Board will attement for the disapproval. The owner agrees to comply to obtain all necessary permits. This application and the
COMPLETION DATE EXTENSIONS are available if re is that date:	quired. If this application is requesting an extension what
Homeowner's Signature	Date:
	TION USE ONLY Architectural Committee or Board of Directors
Approves the above application	
Approves the above application with the following	g conditions:
Disapproves the above application for the followi	ing reason(s):
Signature:	Date: