SABINO ESTATES HOMEOWNERS ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Sabino Estates Homeowners 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. **EACH REQUEST REQUIRES ITS OWN APPLICATION.**

To comply with the CC&Rs, please submit this application with all the required attachments to:

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

Email: SabinoEstates@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.

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Homeowner's Name:				
Homeowner's Mailing Addres	ss:			
				Lot #:
Property Address:				
Phone:				
of Directors of Sabino Estates	Homeowners Ass	sociation fo	r review a	he Architectural Committee or the Bo nd approval of the following item(s): .ight Reflective Value (LRV) grea
Painting of Residence - So	cheme #			
LVR Rating		_		
Body:	Trim:			_ Accents:
Pop-Outs:	Garage:			_ Front Door:
Installation of Landscapir	ng Revamping of landso			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 appropriate):	and/or specifications of t	the above marked items f	or application, which includes (if				
Dimensions (height, wi	dth, length)	Sample of color(s) to be used Plant type and location					
Drawings							
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:	:	-					
complete in order to determ Application and return it to n	nine approval or disapprovance with a statement for the	al, the Architectural Comm disapproval. The owner a	d that should the application not be ittee or Board will disapprove the grees to comply with all applicable and the drawing will be retained for				
COMPLETION DATE EXTER	•	uired. If this application is re	equesting an extension what is that				
Homeowner's Signature		Date:	Date:				
Approves the above ap	omeowners Association	ATION USE ONLY Architectural Committee					
Disapproves the above	e application for the following	g reason(s):					
Signature:		Date:					
Date Received	Mailed to Committee	Received from Committee	Mailed to Homeowner				