MOUNTAIN VIEW ESTATES HOMEOWNERS ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Mountain View Estates' 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. (See Article 8)

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:

Mountain View Estates

c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048

Phone: (480) 759-4945 • Fax: (480) 759-8683

Email: MountainViewEstates@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:				
Property Address:				
Phone:	Email:			
The undersigned hereby submits in the Board of Directors of Mountain Painting of Residence - Scher	View Estates for revi	ew and approval	of the following item(s):	
Body:	Trim: Accents		cents:	
Pop-Outs:	_Garage:	Front Door:		
Other:				
Installation of Landscaping	Revamping of landscaping			
Addition of:		t	o/on the residence (building)	
Addition of:		t	o/on the lot (property/land)	
Installation of a pool/spa				
Other (please specify):				

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Attached please find pl appropriate):	ans and/or specifications of the	above marked items for ap	oplication, which includes (if
Dimensions (heig	ht, width, length)	Sample of color(s) to b	pe used
Drawings		Plant type and location	า
Samples or descr	iptions of materials to be used	Type of material	
Photographs or sa	ample elevations for a visual pic	ture of the proposed project	
Person doing inst	allation/work:		
Licensed contractor:	Yes No		
Expected completion	date:	-	
not be complete in ord disapprove the Applicat with all applicable City,	der to determine approval or displayed ion and return it to me with a state County, and State laws and to for the Association's records.	isapproval, the Architecturate ement for the disapproval.	al Committee or Board will The owner agrees to comply
COMPLETION DATE E	XTENSIONS are available if req	uired. If this application is re	equesting an extension what
is that date:			
Homeowner's Signature	9	Date: _	
	FOR ASSOCIAT	ION USE ONLY	
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