MESQUITE GROVE ESTATES 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 Mesquite Grove Estates Homeowners Association's Architectural Design Review Committee. 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. Requests should be consistent with the CC&R's.

Please note that approved applications must be completed in a timely manner, nominally within 60 days of approval. A project completion date is required on the Application. If additional time is required to finish the project, please complete and submit a request with extension for approval (on the second page of this form).

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

Mesquite Grove Estates Homeowners Associationc/o Vision Community Management

16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683

Email: MesquiteGroveEstates@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:		
review and approval of	by submits its Application for Designthe following item(s): ence – Choice 1, Owner Choice (1)		
Body:		* * · · · · · · · · · · · · · · · · · ·	
Garage:	Front Door:		
Other Trim:	Block Walls:	Block Walls: Metalwork accents are black.	
Other:			
	ence – Choice 2, DE Scheme #		
Body:	Fascia:	Pop-Outs:	
Garage:			S:
Other Trim:	Block Walls:	Metalw	ork accents are black.
Other:			

(1) If two choices are submitted, the first may be at the homeowner's discretion: consisting of a body color from the palette list, and two to three other compatible colors from any scheme, for review and approval. Alternatively, the first scheme may be from the paint palette. The second scheme must be from the paint palette.

Request Form (Continued)	Install Modify			
Landscaping Pool/Spa	Roof Tile (list original shape/color below)			
Other change (for example, structural or lot improvement) (describe)				
Supporting Documentation				
Attach all documentation to support the proposed re	equest, including (mark items included):			
Drawings or visual representation includi	ing dimensions (height, width, length)			
Specifications or other detailed product information				
Samples or descriptions of materials to b	pe used			
Sample or description of color(s) to be us	sed			
Plant type and location				
Other attachments				
Person doing installation/work (name, phone, Compa	any Name):			
Licensed Contractor yes no Expect	ted completion date: (required)			
application not be complete in order to determine disapprove the Application and have it returned i agrees to comply with all applicable CC&R	you have any questions. I understand that should the approval or disapproval, the Architectural Committee will it to me with a statement for the disapproval. The owner is, City, County, and State laws and to obtain all sement of the selected contractor. This application and the ciation's records.			
If this request is for an extension with no other change	ges, list the new completion date:			
Homeowner's Signature	Date:			
	t a continuation of a previous request, other than the extension listed above			
	IATION USE ONLY ners Association Architectural Committee			
Approves the above application				
Approves the above application with the follow	wing conditions:			
Disapproves the above application for the following	owing reason(s):			
Signature:	Date:			

Name Title