

**TO TONE RANCH ESTATES ARCHITECTURAL COMMITTEE  
C/O VISION COMMUNITY MANAGEMENT  
16625 S. Desert Foothills Parkway, Phoenix, AZ 85048 Ph (480) 759 4945  
DELIVER by HAND, MAIL or Attach to EMAIL toneranchestates@wearevision.com**

**SUBMITTAL FORM: Refer to CCR's and Guidelines first. ATTACH DRAWINGS.** (Lot drawing required for landscape, playground equipment, pools, buildings, fences, etc.) **INDICATE APPLICABLE LOCATION PLACEMENT WITH MEASUREMENTS, (height, width, length) and Type of MATERIAL.** For house painting, you must submit **FOR EACH COLOR** a minimum 4 inch square swatch **PAINTED** with actual color and brightness of request. Include brightness, color number and paint company on the swatches. **FOR LANDSCAPE** include plant type and location. Attach **PHOTOGRAPHS** or brochures showing sample elevations or colors for a visual picture of the proposed project. **NOTE: Acceptance of submittal will be acknowledged. Incomplete submittals will not be accepted and homeowner notified of reason.**

Lot #: \_\_\_\_\_ Address: \_\_\_\_\_ # Attachments \_\_\_\_\_ or color swatches

Homeowner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Address if different \_\_\_\_\_ Phone: \_\_\_\_\_

**REQUEST (Example: fence, playground equipment, store vehicle, paint house change colors, driveway)**

\_\_\_\_\_

\_\_\_\_\_

Person doing work \_\_\_\_\_ Licensed (y/n) \_\_\_\_\_ Completion date: \_\_\_\_\_

Signature \_\_\_\_\_ Notification or Cell Phone: \_\_\_\_\_

**Homeowner agrees to comply with all applicable city and state laws, and to obtain all necessary permits. Approval by the Architectural Committee shall not be deemed a warranty or representation as to the quality of such construction, installation, addition, alteration, repair, change or other work, or that work conforms to any applicable building codes -or other federal, state or local law, statute, ordinance, rule or regulation.**

The period for approval begins when a complete application is received by the Committee and the Architectural Committee has 45 days for review. Home owner shall be notified of action taken on submittals or incomplete submittals. For a faster approval you may contact Committee chairman.

Reason for Incomplete submittal \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Initial Action

**FOR COMMITTEE USE ONLY**

MICHAUD	Approved _____	Approved with Stipulations _____	Disapproved _____	Return _____
PHILLIPS	Approved _____	Approved with Stipulations _____	Disapproved _____	Return _____
BUTLER	Approved _____	Approved with Stipulations _____	Disapproved _____	Return _____
BROWNE	Approved _____	Approved with Stipulations _____	Disapproved _____	Return _____
CALLEJA	Approved _____	Approved with Stipulations _____	Disapproved _____	Return _____

Circle all apply Application IS: APPROVED, APPROVED with Stipulations DISAPPROVED Returned

Date of Action \_\_\_\_\_ Signature (Chairman) \_\_\_\_\_

Conditions Stipulations or Reasons that Apply

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