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:_		# Attachmentsor color swatches	
Homeowner's Name:_		Date:	
Mail Address if differe	nt	Phone:	
REQUEST (Example: f	ence, playground equipment, store vehic	cle, paint house change colors, driveway)	
Person doing work	Licensed (y/n)	Completion date:	
Signature	Notification	Notification or Cell Phone:to comply with all applicable city and state laws, and to obtain all necessary	
permits. Approval by the quality of such co work conforms to any rule or regulation. The period for ap Architectural Committ submittals or incomple	the Architectural Committee shall not be onstruction, installation, addition, altera or applicable building codes -or other fee proval begins when a complete applicati ee has 45 days for review. Home owner ete submittals. For a faster approval you	e deemed a warranty or representation as to ation, repair, change or other work, or that deral, state or local law, statute, ordinance on is received by the Committee and the shall be notified of action taken on may contact Committee chairman.	
Reason for Incomplete	e submittal		
Initial Action	FOR COMMITTEE USE O	Date DNLY	
PHILLIPS Approve	ovedApproved with Stipulations _ dApproved with Stipulations ovedApproved with Stipulations _	DisapprovedReturn	
	on IS: APPROVED, APPROVED with St		
Date of Action	Signature (Chairman)		
Conditions Stipulation	s or Reasons that Apply		