TURTLE ROCK II HOMEOWNERS ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for structural changes to the interior of your residence must be submitted to the Turtle Rock II Homeowners Association's Architectural Design Review Committee/Board of Directors. The Turtle Rock II 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 property within the Turtle Rock II Homeowners Association. See Article V of the CC&R's.

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.

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

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

Email: TurtleRock2@WeAreVision.com • Website: www.wearevision.com

The time period for approval begins when this application is received by the Committee. The Committee may take up to (30) days to approve, approve with conditions, or disapprove the application. If you have not received any form of communication from the Committee or the Association after (30) days, please call the Community Manager for a status update.

Homeowner's Name:			
Homeowner's Mailing Address:			
City:	State:	Zip:	Lot #:
Property Address:			
Phone:			
The undersigned hereby submits its the Board of Directors of Turtle Ro following item(s): Painting of residence	ock II Homeowners	•	review and approval of the
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Installation of Landscaping		Revamping of lar	nascaping
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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appropriate):	
Dimensions (height, width, length)	Sample of color(s) to be used (Include door color)
Drawings	Plant type and location
Samples or descriptions of materials to be used	Type of material
Photographs or sample elevations for a visual pictu	ure of the proposed project
Person doing installation/work:	
Licensed contractor: Yes No	
Expected completion date:	-
application not be complete in order to determine ap Board will disapprove the Application and return it to	have any questions. I understand that should the oproval or disapproval, the Architectural Committee or me with a statement for the disapproval. The owner d State laws and to obtain all necessary permits. This ociation's records.
COMPLETION DATE EXTENSIONS are available if r	required. If this application is requesting an extension
what is that date:	
Homeowner's Signature	Date:
	FION USE ONLY chitectural Committee or Board of Directors
Approves the above application	
Approves the above application with the following	conditions:
Disapproves the above application for the following	g reason(s):
Signature:	Date:

Attached please find plans and/or specifications of the above marked items for application, which includes (if