SOUTHERN CROSSING HOMEOWNERS ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Southern Crossing Homeowners Association's 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.

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:

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

Email: SouthernCrossing@WeAreVision.com • Website: www.WeAreVision.com

If you have not received any form of communication from the Committee or the Association after (60) days, please call Vision Community Management for an update.

Homeowner's Name:				
Homeowner's Mailing Address:				
City:				
Property Address:				
	Email:			
The undersigned hereby submits in the Board of Directors of Southern following item(s): Painting of Residence - Schem	Crossing Homeown	ers Association f	or review and approval of the	
Body:	Trim:	Ao	ccents:	
Pop-Outs:	Garage:	Front Door:		
Other:				
Installation of Landscaping	Revamping of landscaping			
Addition of:			to/on the residence (building)	
Addition of:	to/on the lot (property/land)			
Installation of a pool/spa				
Other (please specify):				

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Attached please find plans a appropriate):	and/or specifications of the	above marked items for ap	pplication, which includes (if
Dimensions (height, wid	dth, length)	Sample of color(s) to b	pe used
Drawings		Plant type and location	1
Samples or description	s of materials to be used	Type of material	
Photographs or sample	e elevations for a visual pict	ure of the proposed project	
Person doing installation	on/work:		
Licensed contractor:	Yes No		
Expected completion date:			
Please notify me at not be complete in order to disapprove the Application ar with all applicable City, Cour drawing will be retained for the	o determine approval or dind nd return it to me with a state onty, and State laws and to	sapproval, the Architectura ement for the disapproval.	al Committee or Board will The owner agrees to comply
COMPLETION DATE EXTEN	NSIONS are available if requ	uired. If this application is re	equesting an extension what
is that date:			
is that date:		Date: _	
Homeowner's Signature Southern Crossing Hon Approves the above ap	FOR ASSOCIAT neowners Association	ION USE ONLY	e or Board of Directors
Southern Crossing Hon Approves the above ap Approves the above ap	FOR ASSOCIAT neowners Association	TION USE ONLY Architectural Committee	e or Board of Directors
Southern Crossing Hon Approves the above ap Approves the above ap Disapproves the above	FOR ASSOCIAT neowners Association polication with the following	TION USE ONLY Architectural Committee conditions: g reason(s):	e or Board of Directors