

Applicant InformationName: [Click here to enter text.](#)Address/Lot: [Click here to enter text.](#)Phone 1: [Click here to enter text.](#) Phone 2: [Click here to enter text.](#)**Project Information***This information is being requested in accordance with the Homeowners Association CC&R's.***Areas for Review:** (select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> New Home | <input type="checkbox"/> Building Addition | <input type="checkbox"/> Other man-made structure |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Fence/Deck/Patio | <input type="checkbox"/> Tree House/Play Structure |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Dog Run | <input type="checkbox"/> Antenna/Satellite Dish |
| <input type="checkbox"/> Outdoor Lighting | <input type="checkbox"/> Roofing | <input type="checkbox"/> Major Landscape project |

Project Description: (please provide a short description of the project and any specific information that may be helpful)[Click here to enter text.](#)**Contractor Information:** (please provide name and contact info of the contractor handling your project)[Click here to enter text.](#)**Instructions:**

Please submit two copies of the following as it applies to your project:

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- Paint Color (2 sets of chips including paint brand and number)

NOTE: Color change requires neighbor review. Please review color selection with your neighbors and include their approval in the details section below or in a separate email to: tom@aznorth.com

- | | | |
|---|--|---|
| <input type="checkbox"/> Final (working) plans and specifications | <input type="checkbox"/> Building elevations | <input type="checkbox"/> Type of material and colors to be used |
|---|--|---|

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- Site plan showing building location, property line setbacks, location of septic tanks and primary/secondary drain fields.

- | | | |
|--|--|--|
| <input type="checkbox"/> Copy of building permit (if applicable) | <input type="checkbox"/> Anticipated impact on neighbors | <input type="checkbox"/> Any other pertinent information |
|--|--|--|

Owner _____ Date _____ Approved by _____ Date _____

Note: All work must conform to CCR's and City building requirement. Contact: Brian Wilson: afm1979@msn.com