

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:

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

Final (working) plans and Building elevations Type of material and colors to be used specifications

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

Copy of building permit Anticipated impact on neighbors Any other pertinent information (if applicable)

Owner _____ Date _____ Approved by _____ Date _____

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