

GERSON REALTY & MANAGEMENT COMPANY

4801 S. Lakeshore Drive Suite 203 Tempe, AZ 85282

(480) 921-3332 Fax (480) 921-7719

Architectural Design Request Form

ASSOCIATION NAME: _____

NAME: _____

ADDRESS: _____

LOT #: _____

PHONE: HM (_____) _____ - _____

PHONE: WK (_____) _____ - _____

Prior to committee review, the homeowner must sign to verify that:

- 1) His/Her Association fees are paid and current;
- 2) No liens and/or fines are owed to the Association;
- 3) I understand and agree that:
 - a) A copy of this request shall be returned to me after review by the Architectural Design Committee.
 - b) No work on this request shall commence until written approval of the Architectural Design Committee has been received by me.
 - c) It is my responsibility to verify and comply with all county and city zoning and building codes. In the event that my request requires city or county approval, I verify that I have received the proper approval and have submitted proof of that approval to the Architectural Design Committee along with the request.
 - d) I understand that the Architectural Design Committee and the Association shall not bear any responsibility for ensuring structural integrity or soundness of approved construction or modifications and/or compliance with building codes and other governmental requirements, and I agree and acknowledge that the Association, any committee, or any member of any

committee shall not be held liable for any claim whatsoever arising out of construction on or modifications to my property.

HOMEOWNER SIGNATURE _____

DATE SIGNED _____

REQUEST

Description of Request - Provide full details or purpose and/or reason, type, color, size of improvement and materials, and location utilizing page two of this form. Use additional 8 1/2" x 11" paper if necessary. **NOTE: AN ACCURATE DRAWING MUST BE ATTACHED. AN ACCURATE SITE PLAN MUST BE INCLUDED.**

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1. Contractor Name, Address, and Phone Number: _____

2. Description of work to be done: _____

3. Type of materials to be used: _____

4. Color(s) to be used (include sample paint chips or materials if appropriate): _____

5. Dimensions of structure (height, width, etc) if applicable: _____

Architectural Design Committee requests will be reviewed within 45 days. Requests will be approved, denied, or returned for additional information.

HOMEOWNER SIGNATURE _____

DATE SIGNED _____

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The Architectural Design Committee has taken the following action on this application:

_____ **REJECTED.** Application does not meet the Design Guidelines for the Homeowners' Association.

_____ **REVIEWED THE APPLICATION.** The following revision and additional submissions are required to meet the Homeowners' Association:

_____ **REVIEWED AND CONDITIONALLY APPROVED** the Architectural Design Form with the following changes required:

_____ **REVIEWED AND APPROVED** the Architectural Design Form submitted as meeting the requirements of the Homeowners' Association. This approval constitutes issuance of the Certificate of Approval. This approval is subject to all applicable City and State permits, codes, and regulations. These are the responsibility of the homeowner.

APPROVED BY: _____

DATED: _____