



## Architectural Approval Request Form

The Architectural Committee shall have 45 days after submittal of plans to approve or disapprove the plans.

To comply with the CC&R's, please submit completed form to:

Foothills Club West

16625 S Desert Foothills Parkway • Phoenix, AZ 85048

Phone: (480) 759-4945 • Fax: (480) 759-8683

EMAIL: fcw@wearevision.com • WEBSITE: www.wearevision.com

Homeowner's Name \_\_\_\_\_ Subdivision \_\_\_\_\_

Homeowner's Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Does Property have a view fence?  YES  NO

Description of architectural request in detail including a plot plan with all project dimensions and all distances from fences and property lot lines clearly noted on the plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Materials: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Location & Colors: \_\_\_\_\_

**\*\* PLEASE SUBMIT A SKETCH OR DRAWING OF THE PROPOSED CHANGE \*\***

Homeowner is also required to complete the architectural change, once approved, within six months of the approval and notify Vision Community Management upon completion so that a time may be scheduled to take photos of the completed change for file documentation.

The homeowner agrees to maintain the improvement if approved by the Architectural Committee. If, in that view of the Board of Directors of said association, the improvement is not being maintained the Association has a right to remove or maintain the improvement with the Homeowner assuming all financial responsibility.

The homeowner agrees to comply with all city, county, and state laws and must obtain all necessary permits.

If the property is located within the City disturbance zone, Homeowner must furnish Vision Community Management with a copy of the approved City permit(s) once obtained before project can begin. Documentation must be obtained and submitted to Vision Community Management within 90 days of approval from the Foothills Club West Architectural Committee.

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Foothills Club West Architectural Committee or Board of Directors**

\_\_\_\_\_ Approves the above Application

\_\_\_\_\_ Approves the above Application with the following Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Disapproves the above Application with the following Reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Date Received	Mailed to Committee	Received from Committee	Mailed to Homeowner
---------------	---------------------	-------------------------	---------------------