LOS ALISOS HOMEOWNERS ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Los Alisos 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.

To comply with the CC&Rs, please submit this application with all the required attachments to:

Los Alisos Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683 Email: LosAlisos@WeAreVision.com • Website: www.wearevision.com

If you have not received any form of communication from the Committee or the Association after (30) days, please call Vision Community Management for a status update.

Homeowner's Name:			
Homeowner's Mailing Address:			
City:	State:	Zip:	Lot #:
Property Address:			
	Email:		
The undersigned hereby submits the Board of Directors of Los Alis item(s):			
Painting of Residence - Sche	eme #		
Body: Trim:		Accents:	
Pop-Outs:	_ Garage:	Front Door:	
Other:			
Installation of Landscaping		Revamping of la	ndscaping
Addition of:		1	to/on the residence (building)
Addition of:		1	to/on the lot (property/land)
Installation of a pool/spa			
Other (please specify):			

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Attached please find plans and/or specifications of the above marked items for application, which includes (if appropriate):

Dimensions (height, wi	dth, length)	Sample of color(s) to b	e used
Drawings		Plant type and location	I
Samples or description	s of materials to be used	Type of material	
Photographs or sample	elevations for a visual pict	ure of the proposed project	
Person doing installation	on/work:		
Licensed contractor:	Yes <u>No</u>		
Expected completion date:			
Board will disapprove the	Application and return it to applicable City, County, an	me with a statement for th d State laws and to obtain	Inderstand that should the Architectural Committee or ne disapproval. The owner all necessary permits. This
COMPLETION DATE EXTI what is that date:		equired. If this application	is requesting an extension
Homeowner's Signature		Date:	
Approves the above ap	wners Association Arc	TION USE ONLY nitectural Committee or	Board of Directors
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