## CIRCLE G RANCHES IV APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the CIRCLE G RANCHES IV'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. **EACH REQUEST REQUIRES ITS OWN APPLICATION.** 

## To comply with the CC&Rs, please submit this application with all the required attachments to: CIRCLE G RANCHES IV

c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683 Email: CircleGRanches4@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:				
Property Address:				
Phone:	Email:			
The undersigned hereby submits the Board of Directors of CIRCLE Painting of Residence - Scher	G RANCHES IV for re	view and approva	al of the following item(s):	
Body:	Trim:		Accents:	
Pop-Outs:	_Garage:	Front Door:		
Other:				
Installation of Landscaping	Revamping of landscaping			
Addition of:		t	o/on the residence (building)	
Addition of:		t	o/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	ı
Samples or description	is of materials to be used	Type of material	
Photographs or sample	e elevations for a visual pict	ure of the proposed project	
Person doing installation	on/work:		
Licensed contractor:	Yes No		
Expected completion date:		-	
Please notify me at not be complete in order to disapprove the Application an with all applicable City, Cou drawing will be retained for th	o determine approval or d nd return it to me with a stat nty, and State laws and to	isapproval, the Architectura ement for the disapproval.	al Committee or Board will The owner agrees to comply
COMPLETION DATE EXTER	NSIONS are available if req	uired. If this application is re	equesting an extension what
s that date:			
Homeowner's Signature		Date:	
CIRCLE G R	FOR ASSOCIAT ANCHES IV Architectur	ION USE ONLY al Committee or Board of	of Directors
Approves the above ap	oplication		
Approves the above ap	oplication with the following	conditions:	
Disapproves the above	application for the followin	g reason(s):	
Signature:		Date:	
Signature:	Mailed to Committee	Received from Committee	Mailed to Homeowner