SIENNA HOMEOWNER ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Sienna Homeowner Association's Architectural Design Review Committee/Board of Directors. The Sienna Homeowner 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 Sienna 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:

Sienna Homeowner Association c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048

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

Email: sienna@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:					
	Email:				
The undersigned hereby submits the Board of Directors of Sienna item(s): Painting of Residence - Scher	Homeowner Associa	tion for review a	and approval of the following		
Body:	Trim:		Accents:		
Pop-Outs:	Garage:		Front Door:		
Other:					
Installation of Landscaping	Revamping of landscaping				
Addition of:			to/on the residence (building)		
Addition of:			to/on the lot (property/land)		
Installation of a pool/spa					
Other (please specify):					

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Attached please find plans appropriate):	s and/or specifications of the	above marked items for ap	oplication, which includes (if
Dimensions (height,	width, length)	Sample of color(s) to b	pe used
Drawings		Plant type and location	า
Samples or descripti	ons of materials to be used	Type of material	
Photographs or sam	ple elevations for a visual pict	ture of the proposed project	
Person doing installa	ation/work:		
Licensed contractor:	Yes No		
Expected completion da	te:	-	
not be complete in order disapprove the Application with all applicable City, Co	if you have to determine approval or d and return it to me with a state ounty, and State laws and to the Association's records.	isapproval, the Architectura ement for the disapproval. ⁻	al Committee or Board will The owner agrees to comply
COMPLETION DATE EXT	ENSIONS are available if req	uired. If this application is re	equesting an extension what
is that date:			
Homeowner's Signature _		Date:	
Sienna Homeo Approves the above	FOR ASSOCIAT wner Association Archite		ard of Directors
	application with the following	conditions:	
	application man the relief line.		
Disapproves the abo	ve application for the followin	g reason(s):	
 Signature:		Date:	
Date Received	Mailed to Committee	Received from Committee	Mailed to Homeowner