## SCOTTSDALE MOUNTAIN VILLAS APPLICATION FOR DESIGN REVIEW

All applications for exterior changes to your residence must be submitted to the Scottsdale Mountain Villas Homeowners Association, Inc.'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 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: Scottsdale Mountain Villas

c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683 Email: ScottsdaleMountain@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 the Community Manager for an update.

Homeowner's Name:			
Homeowner's Mailing Address	:		
City:			Lot or Unit #:
Phone:		Email:	
the Board of Directors of Scottsd	ale Mounta	ation for Desig in Villas for re	gn Review to the Architectural Committee or eview and approval of the following item(s):
Addition of:			
Other (please specify):			

## SCOTTSDALE MOUNTAIN VILLAS APPLICATION FOR DESIGN REVIEW PAGE TWO

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

Dimensions (height, w	idth, length)	Sample of color(s) to b	be used	
Drawings		Plant type and location	١	
Samples or description	ns of materials to be used	Type of material		
Photographs or sampl	e elevations for a visual pict	ure of the proposed project		
Person doing installati	on/work:			
Licensed contractor:	Yes No			
Expected completion date	:	-		
not be complete in order t disapprove the Application a	o determine approval or di nd return it to me with a state inty, and State laws and to	isapproval, the Architectura ement for the disapproval.	d that should the application al Committee or Board will The owner agrees to comply its. This application and the	
COMPLETION DATE EXTE is that date:		uired. If this application is re	equesting an extension what	
Homeowner's Signature		Date:		
Scottsdale Me	FOR ASSOCIAT		d of Directors	
Approves the above a	pplication			
Approves the above a	pplication with the following	conditions:		
Disapproves the above reason(s):	e application for the following	g		
Signature:		Date: _		
Date Received	Mailed to Committee		T	
		Received from Committee	Mailed to Homeowner	