LEGEND VILLAS WEST HOMEOWNERS ASSOCIATION
APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Legend Villas West Homeowners Association's Architectural Committee/Board of Directors. The Legend Villas West Homeowners Association's Covenants, Conditions and Restrictions (CC&R's) require that a homeowner obtain the prior written approval for any exterior alteration or addition to property within the Legend Villas West Community. (See Article V of the CC&R's.)

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&R's, please submit this application with all the required attachments to:

Community Manager
C/o Legend Villas West
16625 S Desert Foothills Pkwy • Phoenix, AZ 85048
Phone: (480) 759-4945 • Fax: (480) 759-8683
EMAIL:legendvillaswest@wearevision.com • WEBSITE: www.wearevision.com

The time period for approval begins when this application is received by the Committee. The Committee has up to (30) days to approve, approve with conditions, or disapprove the application. If you have not received any form of communication from the Committee or the Association after (30) days, please call the Community Manager for a status update.

Homeowner's Name _____

Homeowner's Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Lot # or Lot Address _____

The undersigned hereby submits its Application for Design Review to the Architectural Committee or the Board of Directors of Legend Villas West for review and approval of the following item(s):

_____ Painting of residence _____ Outer building _____ Walls/fences

_____ 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 _____

(SEE REVERSE SIDE)

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

_____ Dimensions (height, width, length)

_____ Drawings

_____ Type of material

_____ Samples or descriptions of materials to be used

_____ Sample of Color(s) to be used

_____ Plant type and location

_____ Property plat
(Requirement for pools, buildings, fences, etc.)

_____ any photographs or sample elevations for a visual picture of the proposed project.

_____ Person doing installation/work _____

Licensed contractor? _____ Yes _____ No

Expected Completion Date: _____

Please notify me at _____ if you have any questions. I understand that should the application not be complete in order to determine approval or disapproval, the Architectural Committee or Board will disapprove the Application and return it to me with a statement for the disapproval. The owner agrees to comply with all applicable City, County, and State laws and to obtain all necessary permits. This application and the drawing will be retained for the Association's records.

COMPLETION DATE EXTENSIONS are available if required. If this application is requesting an extension what is that Date: _____

Homeowner's Signature _____ Date: _____

FOR ASSOCIATION USE ONLY

Legend Villas West Homeowners Association 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 Appl. Received	Mailed to Committee	Rec'd From Committee	Mailed to Homeowner