LA COLINA HOMEOWNERS' ASSOCIATION
APPLICATION FOR DESIGN REVIEW

To comply with the CC&Rs, please submit this application with any required attachments to:
La Colina Homeowners' Association c/o Vision Community Management
16625 S Desert Foothills Pkwy
Phoenix, AZ 85048
Phone: (480) 759-4945 / Fax: (480) 759-8683
Email: LaColina@WeAreVision.com / Website: www.WeAreVision.com/LAC

Please notify the Community Manager at 480-759-4945 if you have any questions.

The homeowner agrees to comply with all applicable city, county and state laws and obtain any necessary permits. The application and the drawing will be retained for the Association's records.

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

Homeowner's Name: _____

Homeowner's Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Lot #: _____

Property Address: _____

Phone: _____

Email: _____

The undersigned hereby submits its Application for Design Review to the Architectural Committee of La Colina Homeowners' Association for review and approval of the following item(s):

☐ **Painting of House**

Approved Scheme # _____

Paint Colors, Sheen:

Body: _____ Trim: _____ Accents: _____

Pop-Outs: _____ Garage: _____ Front Door: _____

Other: _____

Note: Only current, Board approved schemes are eligible for approval.

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Other Changes (check applicable boxes and provide description**)**

☐ **Changes/Repairs to Home or Lot Surfaces (**including but not limited to stucco, light fixtures, doors, windows, roof, driveway, sidewalk, porch, walls, gates, etc.)

☐ **Home Additions**

☐ **Changes to Front Yard Landscaping or Ornamentation**

☐ **Backyard Changes** (structures, play equipment or other items exceeding the height of party walls surrounding the lot)

Description (Describe desired changes and supply dimensions, color, materials to be used, drawings, photographs of proposed work. Attach additional details/photographs as needed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

Expected Start Date / Completion Date: _____ / _____
Note: Changes must be completed within thirty (30) days from project start date unless Owner requests a longer period and the Architectural Committee approves it

Homeowner's Signature _____ **Date**: _____

FOR ASSOCIATION USE ONLY

Signature: _____

The above architectural change is   Approved_____   Disapproved_____

Approved subject to the following conditions

_____

_____

_____