SHEA PATIO VILLAS HOMEOWNER ASSOCIATION APPLICATION FOR DESIGN REVIEW

EACH REQUEST REQUIRES ITS OWN APPLICATION

All applications for changes to the exterior of your residence must be submitted to the Shea Patio Villas Homeowner Association'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.

To comply with the CC&Rs, please submit this application with all the required attachments to:

Shea Patio Villas Homeowner Association c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683 Email: sheapatiovillas@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 an update.

Homeowner's Name:				
Homeowner's Mailing Address:				
City:	State:	Zip:	Lot #:	
Property Address:				
	Email:			
The undersigned hereby submits it the Board of Directors of Shea Pa following item(s): Painting of Residence - Schem	tio Villas Homeowne	er Association fo	r review and approval of the	
Body:	Trim:	Ac	cents:	
Pop-Outs:	Garage:		Front Door:	
Other:				
Installation of Landscaping	ping 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 and/or specifications of the above marked items for application, which includes (if appropriate):

Dimensions (height, width, length)	Sample of color(s) to be used
Drawings	Plant type and location
Samples or descriptions of materials to be used	Type of material
Photographs or sample elevations for a visual pict	ture of the proposed project
Person doing installation/work:	
Licensed contractor: Yes No	
Expected completion date:	_
Please notify me at if you have not be complete in order to determine approval or d disapprove the Application and return it to me with a stat with all applicable City, County, and State laws and to drawing will be retained for the Association's records.	lisapproval, the Architectural Committee or Board will tement for the disapproval. The owner agrees to comply
COMPLETION DATE EXTENSIONS are available if requ	uired. If this application is requesting an extension what
is that date:	
Homeowner's Signature	Date:
FOR ASSOCIAT Shea Patio Villas Homeowner Association Ar Approves the above application Approves the above application with the following	rchitectural Committee or Board of Directors
Disapproves the above application for the following	g reason(s):