SABINO VISTA HILLS NEIGHBORHOOD 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 Sabino Vista Hills Neighborhood 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:

Sabino Vista Hills Neighborhood Association c/o Vision Community Management
16625 S Desert Foothills Pkwy • Phoenix, AZ 85048
Phone: (480) 759-4945 • Fax: (480) 759-8683

Email: SabinoVistaHills@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:								
Property Address:								
	ne: Email:							
The undersigned hereby submits the Board of Directors of Sabino \ following item(s): Painting of Residence - Scher	Vista Hills Neighborh	ood Association fo	or review and approval of the					
Body:	Trim:	Ac	Accents:					
Pop-Outs:	_Garage:	Front Door:						
Other:								
Installation of Landscaping		_ Revamping of la	ndscaping					
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 appropriate):	above marked items for application, which includes (if
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 pictor	ure 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 di disapprove the Application and return it to me with a state with all applicable City, County, and State laws and to drawing will be retained for the Association's records. COMPLETION DATE EXTENSIONS are available if requ	ement for the disapproval. The owner agrees to comply obtain all necessary permits. This application and the
is that date:	
Homeowner's Signature	Date:
FOR ASSOCIAT Sabino Vista Hills Neighborhood Association A	
Approves the above application	
Approves the above application with the following	conditions:
Disapproves the above application for the following	g reason(s):
Signature:	Date:

Sabino Vista Hills Neighborhood Association

Architectural Approval Request Check List

Neighbor Acknowledgement Form

The	_	acknowledgement		•				•			
							(Home	eowner) at	the	prope	erty
locat	ed at				·						
Adja	cent home	owner(s) acknowle	dgemen	t and app	roval:						
Nam	e:										
Addr	ess:					Lot: _					
Phor	ne:			Eı	mail:						
Sign	ature:				Date:						
Nam	e:										
Addr	ess:					Lot: _					
Phor	ne:			Eı	mail:						
Sign	ature:				Date:					-	
Nam	e:										
Addr	ess:					Lot: _					
Phor	ne:			Eı	mail:						
Sign	ature:				Date:					_	