COLINAS DE ORO HOMEOWNERS 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 Colinas De Oro Homeowners 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:

Colinas De Oro Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683

Email: ColinasDeOro@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 the Board of Directors of Colinas following item(s): Painting of Residence - Scher	De Oro Homeowner	s Association	for review and approval of the
Body:	Trim:	<i>F</i>	Accents:
Pop-Outs:	_Garage:		Front Door:
Other:			
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 (please specify):			

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Attached please find plans and/or specifications cappropriate):	of the 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 us	sed Type of material
Photographs or sample elevations for a visua	al picture of the proposed project
Person doing installation/work:	
Licensed contractor: Yes No	
Expected completion date:	
disapprove the Application and return it to me with	have any questions. I understand that should the application or disapproval, the Architectural Committee or Board will a statement for the disapproval. The owner agrees to comply nd to obtain all necessary permits. This application and the ds.
COMPLETION DATE EXTENSIONS are available is that date:	if required. If this application is requesting an extension what
Homeowner's Signature	Date:
	CIATION USE ONLY on Architectural Committee or Board of Directors
Approves the above application	
Approves the above application with the follo	owing conditions:
Disapproves the above application for the fol	llowing reason(s):
Signature:	Date: