Fairways at Los Portales 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 Fairways at Los Portales 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:

Fairways at Los Portales Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683 Email: FairwaysatLosPortales@WeAreVision.com • Website: www.WeAreVision.com

If you have not received any form of communication from the Committee or the Association after (45) 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 i the Board of Directors of Fairways of the following item(s): Painting of Residence - Scher	at Los Portales Home	eowners Associa	tion for review and approval
Body:	Trim:	Acc	cents:
Pop-Outs:	_Garage:	Fr	ront Door:
Other:			
Installation of Landscaping	Revamping of landscaping		
Addition of:		t	o/on the residence (building)
Addition of:		t	o/on the lot (property/land)
Installation of a pool/spa			

____ Other (please specify):

Any additional information will require a separate page included with the application.

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 use	d Type of material		
Photographs or sample elevations for a visual	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 a s	ave any questions. I understand that should the application r disapproval, the Architectural Committee or Board will statement for the disapproval. The owner agrees to comply I to obtain all necessary permits. This application and the s.		
COMPLETION DATE EXTENSIONS are available if	required. If this application is requesting an extension what		
is that date:			
Homeowner's Signature	Date:		
	ATION USE ONLY ers Association Architectural Committee		
Approves the above application			
Approves the above application with the follow	ing conditions:		
Disapproves the above application for the follo	wing reason(s):		
Signature:	Date:		