

TO TONE RANCH ESTATES ARCHITECTURAL COMMITTEE
C/O VISION COMMUNITY MANAGEMENT
16625 S. Desert Foothills Parkway, Phoenix, AZ 85048 Ph (480) 759 4945
DELIVER by HAND, MAIL or Attach to EMAIL toneranchestates@wearevision.com

SUBMITTAL FORM: Refer to CCR's and Guidelines first. **ATTACH DRAWINGS.** (Lot drawing required for landscape, playground equipment, pools, buildings, fences, etc.) **INDICATE APPLICABLE LOCATION PLACEMENT WITH MEASUREMENTS**, (height, width, length) and Type of **MATERIAL**. For house painting, you must submit **FOR EACH COLOR** a minimum 4 inch square swatch **PAINTED** with actual color and brightness of request. Include brightness, color number and paint company on the swatches. **FOR LANDSCAPE** include plant type and location. Attach **PHOTOGRAPHS** or brochures showing sample elevations or colors for a visual picture of the proposed project. **NOTE:** Acceptance of submittal will be acknowledged. Incomplete submittals will not be accepted and homeowner notified of reason.

Lot #: _____ Address: _____ # Attachments _____ or color swatches

Homeowner's Name: _____ Date: _____

Mail Address if different _____ Phone: _____

REQUEST (Example: fence, playground equipment, store vehicle, paint house change colors, driveway)

Person doing work _____ Licensed (y/n) _____ Completion date: _____

Signature _____ Notification or Cell Phone: _____

Homeowner agrees to comply with all applicable city and state laws, and to obtain all necessary permits. Approval by the Architectural Committee shall not be deemed a warranty or representation as to the quality of such construction, installation, addition, alteration, repair, change or other work, or that work conforms to any applicable building codes -or other federal, state or local law, statute, ordinance, rule or regulation.

The period for approval begins when a complete application is received by the Committee and the Architectural Committee has 45 days for review. Home owner shall be notified of action taken on submittals or incomplete submittals. For a faster approval you may contact Committee chairman.

Reason for Incomplete submittal _____

_____ Date _____

Initial Action

FOR COMMITTEE USE ONLY

| | | | | |
|-----------------|----------------|----------------------------------|-------------------|--------------|
| MICHAUD | Approved _____ | Approved with Stipulations _____ | Disapproved _____ | Return _____ |
| PHILLIPS | Approved _____ | Approved with Stipulations _____ | Disapproved _____ | Return _____ |
| BUTLER | Approved _____ | Approved with Stipulations _____ | Disapproved _____ | Return _____ |
| BROWNE | Approved _____ | Approved with Stipulations _____ | Disapproved _____ | Return _____ |
| SHELLEY | Approved _____ | Approved with Stipulations _____ | Disapproved _____ | Return _____ |

Circle all apply Application IS: **APPROVED**, **APPROVED with Stipulations** **DISAPPROVED** **Returned**

Date of Action _____ Signature (Chairman) _____

Conditions Stipulations or Reasons that Apply

