

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
