POINTE COMMUNITY ASSOCIATION
APPROVED PAINT/COLOR FORM

To Be Submitted BEFORE Beginning Maintenance Work.

Owner Name (Please Print) _____ Email_____

Property Address _____ Lot# _____

Single Family Homes (SFA/SFD) ***Some require AC approval; check with management company.***

Exterior Walls: Navajo White (Dunn Edwards) or (Behr) Navajo White 22u W3-5, Linen White 70u W3-4, Cottage White 13u W3-3,White Veil OR-W14u W3-2.

Garage Doors: Navajo White (Dunn Edwards) if the home is painted with Dunn Edwards Navajo White. Painting the home with a Behr Paint Color then the garage door shall be the same color.***See Pointe Rules for SFA/SFD design.***

Trim: Behr Paint Colors (stated above) If the home is painted with a Behr paint color, trim can be the same. Using Dunn Edwards Navajo White Paint, trim can be the same color. Norfolk Brown (Dunn Edwards) can be used as trim for any of the paint colors chosen.

Wrought Iron: Behr Colors, Navajo white or black

Window Frames: Navajo White/Behr Colors or Anodized Brown or Anodized Black

Awnings:	Terracotta (SKU 4622-000)	Forrest Green (SKU 4637-000)	True Brown (SKU 4621-000)	Royal Navy (SKU 2079-0060)

Walls: Navajo White (Dunn Edwards) use this for walls if home painted with Dunn Edwards Navajo White. If painting home with a Behr Paint Color the walls shall be painted the same color. ****HBA height with no decorative block.***

Court Homes (CH) ***Maintained by Pointe Community Association**

Exterior Walls:	*Navajo White
Trim:	* Norfolk Brown (Dunn Edwards)
Awnings:	* Dark Brown
Side Gates:	* Navajo White or Black
Front Doors:	* Dk Brown
Front Light Fixture:	*
Front Address Plate:	*

Court Homes (CH) **Wrought Iron Accessories** ***(ALL require picture and AC approval.)***

Front Security Door:	Pyrite (bronze/brown) or Black ***Plain Bar Style***
Front Window Guards:	Pyrite (bronze/brown) or Black ***Must match if installing both.***
Carport Security Door:	Navajo White, Black or Pyrite (bronze/brown) ***All in carport should match.***

Person/Company doing work: _____

Expected Completion Date: _____

Homeowner Signature:_____ Date: _____

Return to: Vision Community Management
16625 S. Desert Foothill Pkwy
Phoenix, AZ 85048
pointecommunity@wearevision.com

Phone: 480/759-4945
FAX: 480/759-8683

POINTE COMMUNITY ASSOCIATION
ARCHITECTURAL APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the property management company. The Association's (HBA's) requires that a homeowner obtain prior written approval for any structural change, alteration, or addition to a property within the community.

If you do not submit an Architectural Design Review Application prior to beginning any exterior work, there will be an automatic fine levied against your Association account.

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 to be made on the second page of these forms.

To comply with the HBA's/Pointe Rules, please submit this application with all the required attachments to:

Pointe Community Association c/o Vision Community Management
16625 S Desert Foothills Pkwy, Phoenix, AZ 85048
Phone: (480) 759-4945 Fax: (480) 759-8683
Email: pointecommunity@wearevision.com Website: WeAreVision.com

If you have not received any form of communication from the Architectural Committee after forty-five (45) days, please call Vision Community Management for a status update.

☐ Initial Application ☐ Project Extension Request ☐ Application Amendment
If project delay has occurred

Homeowner's Name:_____

Homeowner's Mailing Address:_____

Lot #:_____

Phone: _____ Email:_____

The undersigned hereby submits their Application for Design Review to the Architectural Committee of the Pointe Association for review and approval of the following item(s):

Proposed changes/repairs to the property

Please attach project plans and/or specifications for the proposed property changes /repairs indicated on page 1, which include:

✓Dimensions (height, width, length)
✓Plat Map / Drawing(s)
✓Plant type and location
✓Type of material
✓ Photographs of sample elevations for a visual picture or the proposed project

Company /Person doing installation/work:_____

Reminder Note: The Architectural Committee currently meets once a month on the third Thursday. All design review applications received between meetings will not be considered until the next meeting of the Architectural Committee. Requests for additional information (samples, paint color, landscape design, and plant placement, etc.) will delay approval.

All work on an "approved" design, including requests to change the original design, must begin within 90 days from the date of approval. After 90 days, the design review application must be resubmitted.

Approval time may take no longer than 45 days following the receipt of a completed Architectural application for design review**.**

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Desired Start Date: _____Expected Completion Date:_____

Please notify me by ☐ Phone ☐ Email if you have any questions. I understand that should the application not be complete; the Architectural Committee will disapprove the application and return it to me with a statement of disapproval. I agree to comply with all applicable City, County, and State codes and to obtain all necessary permits. This application and the drawing samples and/or photos will be retained for the Association's records.

Homeowner's Signature:_____Date:_____

POINTE COMMUNITY ASSOCIATION
APPLICATION FOR DESIGN REVIEW

NEIGHBORING PROPERTY

If a neighbor's view is impacted by CHANGES, include approval signatures of neighbors.

Print Name

Signature

Phone **Date**

Print Name

Signature

Phone **Date**

Print Name

Signature

Phone **Date**

Print Name

Signature

Phone **Date**

Print Name

Signature

Phone **Date**

POINTE COMMUNITY ASSOCIATION
APPLICATION FOR DESIGN REVIEW

Homeowner's Name:_____ Lot:_____

FOR ASSOCIATION USE ONLY
Pointe Community Association Board of Directors or Appointed Committee

☐ Approves the above application

☐ Approves the above application with the following conditions:

☐ Disapproves the above application for the following reason(s):

ACC Committee Member Signatures:

Chair:_____ Date: _____

Member _____ Date:_____

Member:_____ Date: _____

Member _____ Date:_____

Member _____ Date:_____