

The Pines at South Mountain Architectural Compliance Form

Applications for changes to the exterior of your residence must be submitted to the Pines at South Mountain Community Association's Architectural Committee. The Pines at South Mountain Community Association's Covenants, Conditions and Restrictions (Reference CC&Rs Article 3 section 3.1) require a homeowner obtain the prior written approval for any exterior alteration or addition to a property within The Pines at South Mountain Community Association.

To comply with the CC&R's, please submit this application with required attachments to:

The Pines at South Mountain 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048 Phone: (480) 759-4945 • Fax: (480) 759-8683 EMAIL: thepines@wearevision.com • WEBSITE: www.wearevision.com

Please call the Community Manager for a status update.

Homeowner's Name _____

Homeowner's Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Request applies to this Lot # or Lot Address _____

Work to be performed:

_____ Painting of residence or residence's gate wall

Paint color: _____ Optional Accent color: _____

Recommend: Dunn Edwards, Benjamin Moore and Sherwin Williams See Architectural Guidelines

_____ Installation or replacement of landscaping

Describe plants being removed: _____

List plants to be installed: _____

_____ *Addition of structures to residence or on property (e.g. patio cover, gazebo, etc.)

Attached to residence: _____ Freestanding: _____

Visible from common area or adjacent properties on same elevation? _____

_____ *Installation of a pool/spa/back yard water feature

_____ *Other (including removal) _____

- - *Requires additional information:*

Additional Information - check the type of additional information submitted with this request:

_____ Dimensions (height, width, length) _____ Drawings

_____ Property plat (*Requirement for pools, buildings, fences, etc.*)

The Pines at South Mountain Architectural Compliance Form

_____ Descriptions of materials to be used

_____ Photographs or sample elevations for a visual picture of the proposed project.

_____ Person/Company doing installation/work _____

Licensed/Bonded/Insured contractor? _____ Yes _____ No

Expected Start Date: _____ Expected Completion Date: _____

By my signature, I understand that the Architectural Committee (AC) has up to thirty (30) days to approve or disapprove this request, with or without conditions or limitations. Furthermore, I understand that work may not commence prior to a response from the AC or a period of 30 days from date of receipt by the AC, whichever is less. I understand that I must comply with all applicable City, County and State laws, and to obtain all necessary permits. This application and the drawing will be retained for the Association's records. *Homeowner must submit a new Request if any change, deletion, deviation or addition to plans occurs, and receive approval for such changes.*

Homeowners Contact telephone or email address: _____

Homeowner's Signature _____ Date: _____

FOR ASSOCIATION USE ONLY

_____ Approves the above Application

_____ Approves the above Application with the following Conditions: _____

Disapproves the above Application with the following Reason(s): _____

SIGNATURE: _____ DATE: _____