## CAREFREE MOUNTAIN ESTATES APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Carefree Mountain Estates Architectural Committee/Board of Directors. Carefree Mountain Estates Covenants, Conditions and Restrictions (CC&R's) require that a homeowner obtain the prior written approval for any exterior alteration or addition to property within the Carefree Mountain Estates. (See Article V of the CC&R's.)

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&R's, please submit this application with all the required attachments to:

CAREFREE MOUNTAIN ESTATES
c/o VISION Community Management
16625 S. Desert Foothills Parkway • Phoenix, AZ 85048
Phone: (480) 759-4945 • Fax: (480) 759-8683
EMAIL: carefreemountainestates@wearevision.com •

WEBSITE: www.wearevision.com

Homeowner's Name					
Homeowner's Mailing A	ddress				
City	State	Zip	Phone		
Lot # or Lot Address					
or the Board of Director item(s): Painting o	s of <u>Carefree Mou</u>	ntain Estates	for review and appointer building	Walls/fences	
Addition o	Addition of		to/on the residence (building)		
Addition o	f		to/o	on the lot (property/land)	
Installation	n of a pool/spa				
Other					

Attached pleas appropriate):	se find plans a	and/or specifications of the a	bove marked items for a	pplication, which includes (if
	Dimensions (	height, width, length)	Sample of Col	or(s) to be used
	Drawings		Plant type and	location
	Type of mate	rial	Property plat	ools, buildings, fences, etc.)
	Samples or d	escriptions of materials to be		oolo, sunumge, ronoos, etc.)
	any photogra	phs or sample elevations for	a visual picture of the pr	oposed project.
	Person doing	installation/work		
	Licensed cor	ntractor? Yes	No	
	Expected Co	mpletion Date:		
application no Board will disa agrees to com	t be complet approve the <i>i</i> aply with all a	e in order to determine app Application and return it to	proval or disapproval, the me with a statement for State laws and to obta	I understand that should the ne Architectural Committee or r the disapproval. The owner in all necessary permits. This
COMPLETION what is that Da			equired. If this applicati	on is requesting an extension
Homeowner's	Signature		Date: _	
		FOR ASSOCIAT	ION USE ONLY	
Carefree Mou	ntain Estates	s Architectural Committee	or Board of Directors	
Approv	es the above	Application		
Approv	es the above	Application with the following	g Conditions:	
Disappi	roves the abo	ve Application with the follow	ving Reason(s):	
SIGNATURE	:		DATE:	
Date Appl. Received		Mailed to Committee	Rec'd From Committee	Mailed to Homeowner