



Architectural Review Request Form: Modification of Existing Home

Community Name: _____

Date of Request _____/_____/_____

Homeowner Name: _____

Phone #: _____-_____-_____

Homeowner space number: _____

Email: _____

In order to best serve your needs and expedite the Architectural review process, please complete this form. Be as detailed as possible. Please limit to one (1) project per form, i.e. Landscaping Improvements and Home Improvements should be on separate forms. Final determination on requests may take up to (4) four weeks to process and may require a site visit or meeting with the Resident homeowner.

We ask that prior to submitting an Architectural Review Request you review the community guidelines for detailed information regarding home improvements.

Reason for request:

_____ ADDITION OR IMPROVEMENT TO EXISTING HOME:

EXISTING HOMES

Type of work involved: (please check all that apply)

- ☐ Modify current home or exterior structure
- ☐ Addition of an Arizona Room or Screen Room
- ☐ Converting existing screen room to enclosed room
- ☐ Adding windows to Screen room
- ☐ Addition of landscaping
- ☐ Addition of an additional AC unit
- ☐ Addition of a pony wall (max 3')
- ☐ Adding electrical to exterior of home
- ☐ Adding water softener enclosure

CONTRACTOR: _____

License Number: _____

Permit Number: _____

- ☐ Adding a trash enclosure
- ☐ Adding a railing
- ☐ Adding a water feature
- ☐ Adding sunscreens
- ☐ Adding sunshades
- ☐ Carport or driveway surfacing
- ☐ Other _____ (Please Describe below)

Additional information required for all Architectural Requests:

1. Dimensional site plan showing all improvements. Please include home, lot lines and all measurements on the site plan. Plot Plan
2. Elevation (side view) drawings are required for all vertical construction, i.e. awnings, sheds, screen rooms, steps, etc.
3. Photos – Both where the work will be performed and examples of similar work on other homes, with space numbers for reference.

Please list below all materials to be used. Attach pictures or samples if available.(use separate sheet if necessary)

Please describe, in detail, work to be performed. (use separate sheet if necessary)

Resident Homeowner Pre-submittal Checklist

The following is quick checklist to ensure all documents and steps have been taken prior to submittal to the office.

- ☐ Architectural Request Form is complete including site plan, photos, samples, etc.
- ☐ Resident Homeowner has read the Architectural Standards as it relates to the proposed work.
- ☐ Resident Homeowner understands review process can take up to (4) weeks.
- ☐ Resident understands, if approved, work must be completed within 90 days of approval.
- ☐ Resident/Contractor has a building permit (if applicable) for the proposed work? # _____

Resident Homeowner Signature: _____ Date: ____/____/____

Please remember that it is up to you, the Resident homeowner, to comply with all jurisdictional and City safety, permit, and code requirements. Thesman Communities accepts no responsibility or liability for failure of you to comply or conform to any of these requirements, or any claims by or against you as a result of placement of these improvements. This document shall be transferrable (and any approvals) with home in the event of home sale. If work is approved, all improvements must be completed within 90 days of the approval date. Failure to complete in this timeframe will require a re-submittal of Architectural Request.

BELOW IS FOR OFFICE USE ONLY

Community Manager must review & understand the Architectural Request. Please confirm all steps have been completed and the proposed work falls within the approved Architectural Standards, prior to submittal to the ARB. Community Manager must sign off upon completion of the proposed work and verify completion (see below).

Reviewed by: _____ Title: _____ Date: ____/____/____

Final Request Determination

_____ Work Approved All work must be completed by: _____

_____ Work denied (see below)

_____ Work approved with corrections (see below)

Corrections or reason for denial (if any): _____

By: _____ Title: _____ Date: ____/____/____

Follow-up inspection to ensure work has been completed to take place on: _____

Work completed: Yes or No Date of inspection ____/____/____ Inspected by: _____