

ARCHITECTURAL COMMITTEE SUBMITTAL FORM

Please mail to:

**AAM, LLC ~ Attention: Community Manager
1600 W. Broadway Rd., Ste 200
Tempe, AZ 85282**

Phone: (602) 957-9191 Fax: (602) 870-8231 or (866) 477-9188

As an alternative, please submit this form online at www.homeownerresources.com, under Homeowner Forms.

PLEASE CHECK APPROPRIATE BOX BELOW:

☐ I AM SUBMITTING PRIOR TO LIVING IN THE COMMUNITY.

☐ I AM CURRENTLY LIVING IN THIS COMMUNITY.

Name: _____ Date: _____

Community: _____ Lot # _____

Property Address: _____ Phone # _____

Current Mailing Address: _____

Submittal Type: i.e., landscaping changes to be made to my property and changes to the exterior of my home

Type of Material to be used - (attach samples / pictures / brochures): _____

Color to be used – (attach samples / pictures / brochures): _____

View Fence - ☐ yes ☐ no

MUST INCLUDE A PLOT PLAN INDICATING LOCATION OF SUBMITTAL AND INCLUDE APPLICABLE MEASUREMENTS AND DIMENSIONS.

INCOMPLETE SUBMITTALS WILL BE DENIED

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.

Architectural Design Committee requests will be reviewed within the timeframe specified in your community's CC&Rs from the date of receipt of plan, color, and material samples. Requests will be approved, denied or returned for additional information.

I attest that this request is in full compliance with local ordinances and the Association's Architectural Committee Rules and Design Guidelines.

Homeowner Signature: _____ Date: _____

Homeowner E-mail address: _____

"Office Use Only"

The Above Described Architectural Change Has Been

APPROVED: _____ subject to the following condition(s): _____

DISAPPROVED: _____

SIGNATURE: _____ DATE: _____