

Architectural Approval Request Form

Submit to: Renaissance Community Partners
633 E Ray Rd, Suite 122
Gilbert, AZ 85296
480-813-6788
480-545-6196 fax

Requested By: _____ Date: _____

Name: _____ Lot Number: _____

Address: _____ Telephone: _____

General Description of work to be performed: Include **dimensions**, **shapes**, **colors**, and **locations**.

***Please attach a sketch, plot map, photograph and sales brochure illustrations of desired addition and/or modifications. Sketch and plot plan must be submitted for the request to be considered.**

I will assume the responsibility for any work under the above-proposed improvement that my contractor or I, accomplish which may, in the future adversely affect to common area. I will assume responsibility for all future maintenance of this addition or improvement.

Check List – Please check your request to ensure all necessary components are included!

<input type="checkbox"/> Materials Description (color, type)	<input type="checkbox"/> Plot Plan	<input type="checkbox"/> Location on
<input type="checkbox"/> Dimensions	<input type="checkbox"/> Photos	

Homeowner's signature: _____ Date: _____

Notice to Owners – All work must be completed within 90 days of approval.
For Board Use Only

Date received by Architectural Committee: _____	Date of Decision: _____	
Approval _____	Disapproval _____	Conditional _____