

AMCOR PROPERTY PROFESSIONALS, INC.
16441 N. 91st Street, Suite 104

Scottsdale, AZ 85260
T: (480) 948-5860 / T: 928-708-0177 (Prescott)
Fax: (480) 483-6244
www.amcorprop.com

Request for Architectural Change

ASSOCIATION: _____ DATE: _____
NAME: _____ PHONE NO: _____
ADDRESS: _____ LOT/UNIT NO: _____

Give full details of the purpose, reason, type, color, size, materials, location, etc. Use additional 8½" x 11" paper for drawings and/or pictures, necessary. The more information provided, the easier it is to decide in your favor.

WORK TO BE PERFORMED: _____

WORK IS EXPECTED TO BE COMPLETED BY: _____
DATE

Homeowner agrees that upon approval of the Request for Architectural Change:

1. The homeowner will comply with all city and state laws, and will obtain all necessary permits. (For information on permit requirements, call the Maricopa Building Safety Department at (602) 262-7884 and your city's permit department.
2. The architectural change must be completed within thirty (30) days from start of construction.
3. The architectural change is subject to inspection by the Chairperson of the Architectural Control Committee (or an appointed committee member) on the day or immediately following the thirty (30) day deadline for completion. You may be requested to make changes in order to comply with the original request.
4. The homeowner will maintain the architectural change and if it is in the opinion of the Architectural Control Committee that the change is not being maintained, the Association has the right to maintain the change with the homeowner bearing all costs thereof.

_____	_____
Homeowner's Signature	Date
The above architectural change is:	Approved _____ Disapproved _____
_____	Date: _____ Date: _____
Signature	

Approval is subject to the following conditions: _____

NOTE: Homeowner understands and agrees that no work shall commence prior to receiving written approval from the Architectural Control Committee.