

Please Return to Cornerstone Communities: 520-867-8160(fax) –sunset@azsmartliving.com

ARCHITECTURAL APPLICATION

Community Name: _____
Property Owner(s): _____
Address: _____
Lot # _____ Phone # _____
Email: _____

Brief Description of Improvement: _____
Anticipated Starting Date: _____
Completion Date: _____

(No changes may be made in plans after approval without written consent)

Please submit as much information for the decision making process as possible, i.e. drawings, sketches, plans, plot map, pictures, samples, brochures, dimensions, distances from fence or neighbor, etc.

If using a contractor: Name: _____
Address and Phone: _____

Applicant understands and acknowledges that the Association's approval of Applicant's architectural request shall not be deemed as an approval or consent as to other private covenants or restrictions which may affect the applicants property, (i.e., other than those of the Association); nor shall any such approval or consent be deemed as the approval or consent of the City of the residential unit or any other governmental body having jurisdiction of the applicant's property.

ACKNOWLEDGEMENT

Let this serve as a written notice that I _____ owner of the above address, will assume all responsibility for applying for review and approval of my application, PRIOR to obtaining a building permit from the city. Applicant understands that any damage to community property will be the sole responsibility of the applicant as will the cost of repair. It is the responsibility of the applicant to provide the approved documentation to any purchaser of the above mentioned property.

Applicant(s) signature: _____ Date: _____

-----**FOR ARCHITECTURAL COMMITTEE USE**-----

Application is: APPROVED DENIED APPROVED WITH CONDITIONS

Notes: _____

Approved by: _____ Date: _____

Project must begin within _____ days, and be Completed within _____ days.

