



UNIT II TOWNHOUSE ASSOCIATION ARCHITECTURAL CHANGE REQUEST FORM

Date Submitted: _____ Date Received by A/P Comm.: _____ ACR # _____

Owner's Name: _____ Phone: _____

Street Address: _____ Lot #: _____

Description of Work to be performed: _____

Work performed by: _____ AZ License # If Applicable: _____

THIS FORM MUST BE RETURNED TO THE HOMEOWNER'S DROP BOX AT THE NORTHEAST CUL-DE-SAC ON BERRYBROOK DR. OR GIVE TO JERRY JOHNSTON OUR PROPERTY MANAGER.

- **Attach plot plan/accurate drawing to this AC Request Form showing dimensions, elevation and exact location of any proposed work. Drawing must be of quality so the A/P Comm. understands the scope of the requested work. One request form per change.**
- **Specification of material and paint colors must be attached to ACR form.**
- **According to the Guidelines absolutely no work shall be started until this request has been approved. Work begun prior to approval shall be subject to sanction or fines.**
- **Your request will be Approved or Dis-approved within 15 (fifteen) days from date of receipt.**

It is the Homeowner's responsibility to determine if a Maricopa County Permit is required and must be attached, if required. (Maricopa County Building Code Information: 602-506-3301. Zoning Information: 602-506-3301)

I (We) have read the foregoing form and the Architectural Compliance Guidelines. We understand and agree to comply with the Architectural Compliance Guidelines pertaining to my work request.

Owner's Signature _____ Date _____

Above request has the following disposition Pre-App'd App'd Denied

A/P Comm. Chairman: _____ Date _____

Follow-up required: Yes No **Member Assigned** _____ **Completion date** _____

Architectural Change Request form is for exterior work only, Per Cottonwood Palo Verde Phase Two requirements some interior and exterior changes requires a Maricopa County Building Permit. This is the Homeowner total responsibility for compliance.