

SUMMIT SHADOWS COMMUNITY ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your residence must be submitted to the Summit Shadows Community Association's Architectural Design Review Committee/Board of Directors. The Association's Covenants, Conditions and Restrictions (CC&Rs) require that a homeowner obtain the prior written approval for any structural change, alteration or addition to a property within the community.

Please note that approved applications must be completed in a timely manner. A project completion date is required on the Application. If additional time is required for you to finish your project, an extension request is listed on the second page of these forms. **EACH REQUEST REQUIRES ITS OWN APPLICATION.**

To comply with the CC&Rs, please submit this application with all the required attachments to:

Summit Shadows Community Association
c/o Vision Community Management
16625 S Desert Foothills Pkwy • Phoenix, AZ 85048
Phone: (480) 759-4945 • Fax: (480) 759-8683
Email: SummitShadows@WeAreVision.com • Website: www.WeAreVision.com

If you have not received any form of communication from the Committee or the Association after (30) days, please call Vision Community Management for an update.

Homeowner's Name: _____

Homeowner's Mailing Address: _____

City: _____ State: _____ Zip: _____ Lot #: _____

Property Address: _____

Phone: _____ Email: _____

The undersigned hereby submits its Application for Design Review to the Architectural Committee or the Board of Directors of Summit Shadows Community Association for review and approval of the following item(s):

___ Painting of Residence - Scheme # _____

Body: _____ Trim: _____ Accents: _____

Pop-Outs: _____ Garage: _____ Front Door: _____

Other: _____

___ Installation of Landscaping

___ Revamping of landscaping

___ Addition of: _____ to/on the residence (building)

___ Addition of: _____ to/on the lot (property/land)

___ Installation of a pool/spa

___ Other (please specify): _____

**SUMMIT SHADOWS COMMUNITY ASSOCIATION
APPLICATION FOR DESIGN REVIEW
PAGE TWO**

Attached please find plans and/or specifications of the above marked items for application, which includes (if appropriate):

- Dimensions (height, width, length) Sample of color(s) to be used
- Drawings Plant type and location
- Samples or descriptions of materials to be used Type of material
- Photographs or sample elevations for a visual picture of the proposed project
- Person doing installation/work: _____
- Licensed contractor: Yes No
- Expected completion date: _____

Please notify me at _____ if you have any questions. I understand that should the application not be complete in order to determine approval or disapproval, the Architectural Committee or Board will disapprove the Application and return it to me with a statement for the disapproval. The owner agrees to comply with all applicable City, County, and State laws and to obtain all necessary permits. This application and the drawing will be retained for the Association's records.

COMPLETION DATE EXTENSIONS are available if required. If this application is requesting an extension what is that date: _____

Homeowner's Signature _____ Date: _____

FOR ASSOCIATION USE ONLY

Summit Shadows Community Association Architectural Committee or Board of Directors

- Approves the above application
- Approves the above application with the following conditions: _____

- Disapproves the above application for the following reason(s): _____

Signature: _____ Date: _____

Date Received	Mailed to Committee	Received from Committee	Mailed to Homeowner
---------------	---------------------	-------------------------	---------------------