

CARIBBEAN GARDENS ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for exterior changes to your residence must be submitted to the Caribbean Gardens 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 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:

Caribbean Gardens Association
c/o Vision Community Management
16625 S Desert Foothills Pkwy • Phoenix, AZ 85048
Phone: (480) 759-4945 • Fax: (480) 759-8683
Email: CaribbeanGardens@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 the Community Manager for a status update.

Homeowner's Name: _____

Homeowner's Mailing Address: _____

City: _____ State: _____ Zip: _____ Lot or Unit #: _____

Phone: _____ Email: _____

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

___ Installation of flooring: _____

___ Addition of: _____ to/on the patio/balcony

___ Structural change to the unit: _____

___ Other (please specify): _____

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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

Caribbean Gardens 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
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