

THE SHORES CONDOMINIUM ASSOCIATION APPLICATION FOR DESIGN REVIEW

All applications for changes to the exterior of your unit or structural modifications or alterations to the interior of your unit that result in intrusions to a wall, ceiling or floor require that the Owner obtain prior written approval from the Board of Directors (See Article VI, Section 6.7 (e) of Bylaws of the Council of Co-Owners of the Shores).

Please note that approved applications for changes to the exterior or structural modifications or alterations to the interior of the unit must be completed in a timely manner. A project completion date is required on the application. If additional time is required for you to complete your project, you must submit a written extension request, as listed on the second page of these forms.

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

The Shores Condominium Association
C/O Vision Community Management
16625 S. Desert Foothills Pkwy • Phoenix, AZ 85048
Phone: (480) 759-4945 • Fax: (480) 759-8683
Email: theshores@wearevision.com

The Board of Directors have up to thirty (30) days to approve, approve with conditions or disapprove the application. If you have not received any form of communication from the Board of Directors or the from the Management Company after thirty (30) days after submitting your application, please contact the Management Company for a status update.

Owner's Name _____ Phone # _____

Property Address 7401 N Scottsdale Rd Unit # _____ Email _____

Mailing Address (If different from property address): _____

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

Exterior Change: _____

Interior Alteration: _____

Structural Modification: _____

_____ Other _____

Please attach all necessary plans and/or specifications of the above marked items. This application includes the following attachments:

_____ Dimensions (height, width, length) _____ Drawings/Photo

_____ Type of Material _____ Samples or descriptions of materials to be used

_____ Person doing installation/work _____

Licensed contractor? _____ Yes _____ No Expected Completion Date: _____

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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: _____

Owner's Signature _____ Date: _____

FOR ASSOCIATION USE ONLY
The Shores Condominium Association Board of Directors

_____ Approved as submitted.

_____ Approved subject to the following conditions: _____

_____ Disapproved Reason: _____

Notes: _____

SIGNATURE: _____ Date: _____

Date App. Rec'd	Mailed to Committee	Committee Rec'd From Management	Management Rec'd From Committee	Mailed to Owner