

Architectural Approval Request Form

Submit to: Renaissance Community Partners

633 E Ray Road, Suite 122

Gilbert, AZ 85296

480-813-6788 480-545-6196 fax

Requested By:	Date:
Name:	Lot / Account Number:
Address:	Telephone:
Email:	
General Description of work to be performed: Include dimensions, shapes, colors, and locations. *Please attach a sketch, photograph or sales brochure illustrations of desired addition and/or modifications	
	er the above-proposed improvement that my contractor or affect to common area. I will assume responsibility for all ent.
** Notice: Please ensure you are current with	your assessments before submitting you request.
Homeowner's signature:	Date:
<b>Notice to Owners</b> – Your improvements may require a permit from the City/County Building Department. You should check with the department about permits before starting any work. All work must be completed within 90 days of approval.	
For Board Use Only	
Date received by Architectural Committee: Approval Disapproval Comments:	Date of Decision: Manager Recommendation: