

LA PALOMA HOMEOWNERS ASSOCIATION

MANAGED BY: Legacy Community Partners

459 N. Gilbert Rd. Suite #A220 ▪ Gilbert, AZ 85234-4529

Phone: (480) 347-1900 ▪ Fax: (480) 347-1903 ▪ Email: doug@lcpaz.com

ARCHITECTURAL REQUEST

Name: _____

Property Address: _____

Lot #: _____ Email: _____

Mailing Address: _____

(If different from above)

Home #: _____ Work #: _____

Description of the Architectural request in detail including:

Description of Project: _____

Dimensions: _____

Materials: _____

Location: _____

Colors: _____

PLEASE SUBMIT A SKETCH OR DRAWING OF THE PROPOSED CHANGE ALONG WITH PAINT SAMPLES (IF APPLICABLE).

Please allow the Architectural Committee (30) days to respond.

Start Date: _____ Completion Date: _____

The homeowner agrees to maintain the improvement if approved by the Architectural Committee. If any changes not approved, you will need to submit a new form. The homeowner has 60 days from the date of approval to complete the project. The homeowner agrees to comply with all city, county and state laws and must obtain all necessary permits.

Signature of the Lot Owner

Date Signed

OFFICE USE ONLY

____ Approved ____ Approved with the following Contingencies ____ Disapproved

Approved By: _____

Date: _____

La Paloma Board