

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		
		5	
Requested By:		Date:	
Email:		Lot/Account Number:	
Address:		_ Telephone:	
		de dimensions, shapes, colors, and locations. Ilustrations of desired addition and/or modification	ns
accomplish wh future mainten	nich may, in the future adversely affect to nance of this addition or improvement.	above-proposed improvement that my contractor common area. I will assume responsibility for al assessments before submitting your request	I
		Date:	
nomeowner s		Date	-
Some landsca	ping changes require adjacent owners ir	nput prior to installation. The undersigned adjace	nt
owners have r	no objections to the proposed improvement	ent:	
#1 – Owner sig	gnature:	Date:	
#2 – Owner si	gnature:	Date:	
# 3 – Owner s	ignature:	Date:	
	eck with the department about permits b	a permit from the City/County Building Departmene efore starting any work. All work must be comple	
For Board Us	e Only		
Date received	by Architectural Committee:	Date of Decision:	
Approval	Disapproval M	anager Recommendation:	
Comments:			