

# PARKWOOD

R A N C H

## Community Master Association

### *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: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**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**

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I will assume the responsibility for any work under the above-proposed improvement that my contractor or I, accomplish which may, in the future adversely affect to common area. I will assume responsibility for all future maintenance of this addition or improvement.

**\*\* Notice: Please ensure you are current with your assessments before submitting your request.**

Homeowner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to Owners** – 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: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ Manager Recommendation: \_\_\_\_\_

Comments: \_\_\_\_\_