

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**

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: _____

Some landscaping changes require adjacent owners input prior to installation. The undersigned adjacent owners have no objections to the proposed improvement:

#1 – Owner signature: _____ Date: _____

#2 – Owner signature: _____ Date: _____

#3 – Owner 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: _____		