

CRYSTAL BAY HOMEOWNERS ASSOCIATION

P.O. BOX 25466
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PHONE (480) 820-3451 FAX (480) 820-7441

ARCHITECTURAL / MODIFICATION APPROVAL REQUEST FORM

When complete, please submit the form to: DesignReview@kinneymanagement.com

DATE: _____

1. OWNER'S NAME: _____

UNIT ID & LOT NUMBER: _____ PHONE NUMBER: _____

COMPLETE ADDRESS: _____

2. CONTRACTOR NAME, ADDRESS, AND PHONE NUMBER: _____

3. DESCRIPTION OF WORK TO BE DONE: _____

4. PROJECTED OR ESTIMATED COMPLETION DATE OF IMPROVEMENT ONCE IT HAS BEEN APPROVED BY THE COMMITTEE: _____

5. ALL IMPROVEMENTS MUST BE STARTED IF APPROVAL IS GRANTED WITHIN 12 MONTHS OF THIS APPROVAL OR THIS APPROVAL WILL EXPIRE AND MUST BE RESUBMITTED.

6. TYPE OF MATERIALS TO BE USED: _____

7. COLOR (S) TO BE USED: _____

8. DIMENSIONS OF STRUCTURE (HEIGHT, WIDTH, ETC.), IF APPLICABLE: _____

9. PLEASE INCLUDE TWO COPIES OF ALL DRAWINGS, IF APPLICABLE.

10. **Please retain a copy for your records.**

COMMITTEE APPROVAL / DENIED

DATE

ADDITIONAL COMMITTEE COMMENTS: _____

The Committee's review and approval is limited to, and only pertains to, the ITEMS DESCRIBED ABOVE. The fact that any 'other' information, improvement, or modification is shown on the plan(s) submitted does not mean that it is considered a part of the submittal.