

CRYSTAL GARDENS ARCHITECTURAL APPLICATION

The Crystal Gardens Association's Covenants, Conditions, and Restrictions (CC&R's) require that an owner obtain the prior written approval of the Committee for any exterior alteration or addition to property within Crystal Gardens. The Committee has 60 days in which to review this application. The Homeowner will receive a letter from the management company stating your application has been received, if you do not receive a confirmation letter within 7-10 days contact the management company.

Please submit only one item per form; otherwise, your entire project may be denied if one item does not meet the criteria for approval. Incomplete applications will be returned denied. All applications must be filed by the owner of the property and submitted at least 10 calendar days prior to the Committee meeting. Please refer to the architectural guidelines for more information.

Homeowner Information:

Name: _____ Phone # (Day) _____ (Evening) _____

Address: _____ Lot #: _____ Email: _____

Lake Property: ___ Yes ___ No

Additional Attachments: ___ Drawings ___ Maps ___ Materials ___ Brochure

Description of request in detail (use additional sheets and drawings if necessary):

Work to be performed by: _____ Licensed contractor? ___ Yes ___ No

Expected Start date: _____ Expected completion date: _____

Adjacent Property Owner Acknowledgement: Name: _____ Phone: _____

Address: _____ Signature: _____ Date: _____

Adjacent Property Owner Acknowledgement: Name: _____ Phone: _____

Address: _____ Signature: _____ Date: _____

The homeowner agrees to comply with City, County, and State laws, codes, and regulations and to obtain all necessary permits. Homeowner is current on Association fees and does not have any fines/fees owed. By signing this form you agree that you have read and agree to the terms and conditions. If work does not follow the above start and end dates you must reapply for architectural approval.

Homeowners Signature _____ Date _____

-----Do Not Write Below This Line-----

- ____ Reviewed and Approved as submitted
- ____ Reviewed and Conditionally Approved subject to the following conditions (see notes)
- ____ Reviewed the Application, more information needed (see notes)
- ____ Denied (see notes)

Committee Notes: _____

Committee Signature/Initials _____ Date: _____

Date App Received	Mailed To Committee	Rec'd From Committee	Mailed To Homeowner	Final Inspection by Mgmt/Committee

Please submit this application with all required attachments to:
 Crystal Gardens HOA
 C/O Colby Management
 17220 N Boswell Blvd. #140
 Sun City, AZ 85373-1984

Phone: 623-977-3860
 Fax: 623-385-7741
 Email: jverpoten@colbymgt.com