

GREENFIELD LAKES OWNERS ASSOCIATION
REQUEST FOR ARCHITECTURAL APPROVAL/CHANGE

It is recommended that prior to submittal of this form that the homeowner has familiarized themselves with the Greenfield Lakes CC&RS/Architectural Guidelines. The Architectural Committee will, upon receipt of all necessary documents, review the application. Failure to complete AND submit all necessary documents will delay your request.

Homeowners Name _____ Lot # _____

Home Address _____ Home Phone _____

What is the nature of the improvement/change you propose? (Example: general landscaping, driveway extensions, oversized play equipment, gazebos, antenna, security screen door, etc.)

Be specific, _____

_____ Additional space can be used on back of form.

The Homeowner agrees to maintain the improvement if approved by the Board of Directors or their duly appointed representative. If in the view of the Board of Directors, the improvement is not maintained, the Association has the right to remove or maintain the improvement with the Homeowner bearing all costs. The Homeowner agrees to comply with all city, county and state laws and to obtain all necessary permits. If you have any questions concerning the review process please call Betsy Klopp of PMG Services at 480-829-7400, ext. 211.

Note: To meet approval from the Architectural Committee, a front and top view blueprint/diagram ARE REQUIRED. A list of building materials and colors is also required. Photographs and/or brochure diagrams are excellent reference materials.

Estimated time for completion of project: _____ Work to be performed by: _____

Location of Improvement (Check applicable area).

_____ Home Front _____ Home Back _____ Garage _____ Patio _____ Home Side

Other. (If other is marked please specify) _____

_____ Please contact Management when the requested project is completed
Signature of Homeowner

Submit to: Greenfield Lakes Owners Association
PMG Services
1843 E. Southern Avenue
Tempe, AZ 85282

Phone (480) 829-7400, ext. 211
Fax (480) 350-9293

The above described architectural change is:

_____ Approved _____ Disapproved _____ Approved Subject to the Following Conditions:

Must complete work by: _____ Or you must submit for an extension

_____ Association Representative

_____ Date