

# CROWN POINT HOMEOWNERS ASSOCIATION ARCHITECTURAL DESIGN REVIEW FORM

Please mail or fax to:  
Crown Point Homeowners Association  
c/o Planned Development Services  
8765 W. Kelton Lane  
Building A-1, Suite 102  
Peoria, Arizona 85382  
Phone: (623) 877-1396 / Fax: (623) 583-3481

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Requesting Approval of: \_\_\_\_\_

Work to be performed by: \_\_\_\_\_

Type of Material (attach samples/pictures/brochures): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Color to be Used (attach samples/pictures/brochures): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SUBMITTAL MUST INCLUDE A PLOT PLAN INDICATING LOCATION OF REQUEST AND  
INCLUDE ALL APPLICABLE MEASUREMENTS AND DIMENSIONS.**

**INCOMPLETE SUBMITTALS WILL BE DENIED.**

I agree to comply with all applicable city and state laws, and to obtain all necessary permits. I also agree not to begin work until I have been notified in writing of the Design Review Committee's decision and to maintain all improvements to their original condition. Design Review Committee must review all submittals within 30 days.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Conditionally Approved: \_\_\_\_\_

\_\_\_\_\_

Denied: \_\_\_\_\_

\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_