

CASITAS DEL ORO NORTE HOMEOWNERS ASSOCIATION

Judy Fuson, C/O ARC Chairperson 8590 N Via Tioga Tucson, AZ 85704-6530

Tel: 520.247-0754 or Email: jcfuson@hotmail.com

ARCHITECTURAL REVIEW COMMITTEE (ARC) APPLICATION REQUEST to CHANGE/REMODEL DESIGN/MATERIAL

Date: _____

Lot No. _____

Name: _____

Address: _____

Telephone: _____ Email: _____

NOTE: DO NOT BEGIN WORK PRIOR TO APPROVAL FROM ARC

Description of change/remodel work to be done:

(A sketch/drawing/brochure of all proposed changes/improvements must be submitted showing details and specifications/dimensions.)

Contractor Name: _____ License #: _____

Type of material(s) to be used: _____

Colors official name(s): _____

Other information (dimensions, etc.): _____

Proposed Start Date: _____ Projected Completion date: _____

Surrounding neighbors visually impacted by proposed improvement should be informed and sign for their approval below:

Lot#: _____ Owner's Signature _____

Lot#: _____ Owner's Signature _____

Remember:

1. City or County permits must be obtained prior to construction and a copy provided to the ARC.

Permit #(s): _____

2. Improvements must not deviate from submitted/approved plans without approval from the ARC.

3. Completion dates may be modified with written notice and approval by ARC.

4. All finished work will be inspected by the ARC to ensure proper completion according to CDON ARC-approved plans. Failure to comply with this inspection may result in an assessment of all fees required to bring the final work product into full CC&R compliance.

Signed: _____ Dated: _____

Questions/Comments: _____

Please forward this application to the CDON ARC Chairperson. Should you have any questions regarding this form or the application process, do not hesitate to contact your CDON ARC Chairperson (see contact information printed above). Thank You.

ARC Action/By: _____

(Approved if no response/action taken by ARC within 30 days from submission date – CC&R Article-VI)