

PUEBLO AT ANDERSEN SPRINGS  
c/o PREFERRED COMMUNITIES  
PO Box 5720 • Mesa, AZ 85211-5720  
Phone: (480) 649-2017 • Fax: (480) 649-0902  
www.gothoa.com

**ARCHITECTURAL REQUEST FORM**

Date Submitted: \_\_\_\_\_ Homeowner Name: \_\_\_\_\_  
Lot/Account: \_\_\_\_\_ Property Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**General description of work to be completed:** Include dimensions, shapes, materials, colors, and locations.  
\*Please attach a sketch, photograph, or sales brochure which illustrates desired additions and/or modifications.

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**Contractor Performing Work:** (RO number, phone number, address & Liability Insurance Company Name, policy Number and Phone number).

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
RO Number: \_\_\_\_\_  
Liability Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Signing this request specifies that I will assume the responsibility for any work under the above proposed improvement that my contractor or I accomplish which may, in the future adversely affect to common area. I will assume responsibility for all future maintenance of this addition or improvement.


**Homeowner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the requested change requires adjacent owners input prior to installation, the adjacent owners must sign below to indicate that they have no objections to the proposed change.

#1—Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#2—Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to Owners**

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1. It is the homeowner's responsibility to obtain permits (if needed) from the City/County before submitting to the Association for approval.
  2. The Architectural Committee has the right to reject any submittal if all required information is not submitted or legible.
  3. All work must be completed within 30 days of approval from the HOA. If additional time is required, please include details & timeframe in your request.

**For Committee Use Only**

Date received: \_\_\_\_\_ Date sent to Committee: \_\_\_\_\_ Date completed: \_\_\_\_\_  
Approved: \_\_\_\_\_ Stipulations? \_\_\_\_\_ Denied: \_\_\_\_\_  
Date homeowner completed project: \_\_\_\_\_ Date project completion inspection conducted: \_\_\_\_\_