

SIGNAL BUTTE CASITAS HOMEOWNERS ASSOCIATION

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, colors, and locations.
*Please attach a sketch, photograph, or sales brochure which illustrates desired additions and/or modifications.

Exterior Paint Request: All paint requests must use the following approved colors only. Please check all that apply to your request.

- | | | | | |
|--------------------------|-----------------------|---------------------------------|---------------------|----------------------------------------|
| <input type="checkbox"/> | Base/Main Body | Paint Brand <u>Dunn Edwards</u> | Code <u>DE6117</u> | Color Name <u>Colorado Trail</u> |
| <input type="checkbox"/> | Block Wall | Paint Brand <u>Dunn Edwards</u> | Code <u>DE6117</u> | Color Name <u>Colorado Trail</u> |
| <input type="checkbox"/> | Trim/Pop-out | Paint Brand <u>Dunn Edwards</u> | Code <u>DEC716</u> | Color Name <u>Stonish Beige</u> |
| <input type="checkbox"/> | Front Door | Paint Brand <u>Dunn Edwards</u> | Code <u>DEC716</u> | Color Name <u>Stonish Beige</u> |
| <input type="checkbox"/> | Garage Door | Paint Brand <u>Dunn Edwards</u> | Code <u>DEC716</u> | Color Name <u>Stonish Beige</u> |
| <input type="checkbox"/> | Vent Pipes | Paint Brand <u>Dunn Edwards</u> | Code <u>DE5173</u> | Color Name <u>Deep Coral</u> |
| <input type="checkbox"/> | Light Fixture | Paint Brand <u>Rust-Oleum</u> | Code <u>286525</u> | Color Name <u>Metallic Dark Copper</u> |
| <input type="checkbox"/> | Wrought Iron | Paint Brand <u>Rust-Oleum</u> | Code <u>7774830</u> | Color Name <u>Satin Chestnut Brown</u> |

Paint Vendor Name: _____ Phone #: _____

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: _____

Submit completed forms to: arch@gothoa.com