



**COTTONWOOD PALO VERDE AT SUN LAKES
ARCHITECTURAL MODIFICATION APPLICATION
480-895-3550 X305
Email Completed Forms To: acc@sunlakes2.com**

Date Submitted: _____ Date Received by Association: _____

Homeowner's Name: _____ Phone #: _____

Street Address: _____ Homeowner#: _____

Description of Work to be Performed: _____

Work Performed By: _____ Contractor License: _____

Work to Begin By: _____

HOMEOWNER MUST READ AND COMPLY WITH THE FOLLOWING:

- 1. **INCLUDE ONLY ONE CHANGE REQUEST PER ARCHITECTURAL MODIFICATION APPLICATION.**
- 2. **Attach an accurate drawing and picture/photograph (including identification of the five foot right to use area) to this ACC Modification Application showing lot dimensions, elevation, and exact location of any proposed work.**
- 3. **If required, A Maricopa County Permit must be submitted with the ACC Modification Application. (Maricopa County Planning & Development Information: 602-506-3301 or <https://www.maricopa.gov/797/Planning-Development>)**
- 4. **The ACC will not approve any improvement, modification, landscape, concrete or any other permanent additions in the five-foot setback/right to use area, EXCEPT CRUSHED ROCK. (Example: concrete, water lines, trees, bushes, pavers, etc.)**
- 5. **ACCORDING TO ARCHITECTURAL RULES ABSOLUTELY NO WORK SHALL BE STARTED UNTIL THIS REQUEST HAS BEEN APPROVED. WORK BEGUN PRIOR TO APPROVAL SHALL BE SUBJECT TO SANCTIONS OR FINES. HOMEOWNER IS RESPONSIBLE FOR CLEAN UP OF CONSTRUCTION AREA AND DEBRIS.**

I (We) have read the foregoing form and the Architectural Rules. We understand and agree to comply with the Architectural Rules pertaining to my work request.

Homeowner's Signature: _____ E-mail Address: _____

THIS FORM MUST BE RETURNED TO THE ADMINISTRATION OFFICE BY 12:00PM THE MONDAY BEFORE THE ACC MEETING. MEETINGS ARE SCHEDULED FOR THE 2nd AND 4th TUESDAY OF EACH MONTH IN THE PHOENIX ROOM AT 8:30AM. DURING SUMMER MONTHS MEETING DATES ARE SUBJECT TO CHANGE.

The above request has the following disposition: Approved Denied

MARICOPA COUNTY PERMIT required; preliminary approval pending Maricopa County Permit.

Explanation, if required: _____

ACC Representative _____ Date _____ ACC Board Liaison/Chair _____ Date _____
Follow-up required: Yes No Member Assigned _____ Completion Date _____