

ARIZONA HOA MANAGEMENT, INC  
11225 N 28TH DR, STE, D220B, PHOENIX, AZ 85029

**ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM**

The undersigned owner of a unit in \_\_\_\_\_ (property name) petitions the Association for permission to alter the existing exterior of their structure by:

Nature of improvement: \_\_\_\_\_  
\_\_\_\_\_

Color (if applicable): \_\_\_\_\_

Location (if applicable): \_\_\_\_\_

Dimensions (if applicable): \_\_\_\_\_

Construction Materials (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Supplier: \_\_\_\_\_ Approximate Cost: \_\_\_\_\_

A sketch of all improvements must be attached to the application to show location and dimensions.

Unit Owner: \_\_\_\_\_ Lot #: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In consideration of the approval by the Association, the undersigned owner agrees to maintain the addition in a safe and sturdy condition and to repair any damage to the exterior of the unit caused by the construction, use or maintenance of this addition.**

**The undersigned owner agrees to fully pay, indemnify and protect, save and hold harmless the Association from any and all suits, claims, demands, judgments, costs and expenses, including attorney's fees and all other obligations and liabilities sustained by the Association in connection with the issuance of this permit.**

**The application and permit, if approved, shall not constitute a waiver of any applicable government building codes or zoning ordinances. Compliance with any such building codes or ordinances shall be the sole responsibility of the undersigned homeowner.**

**The promise, conditions, responsibilities and liabilities agreed to herein shall inure to and be binding upon the heirs, tenants, successors, and assigns of the parties hereto.**

**This improvement must be completed within sixty (60) days of approval or this application is null and void.**

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

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**FOR INTERNAL USE ONLY**

Inspected on: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Approved/Disapproved by: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

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**When completed in full, please return to the above address.  
Thank you**