

# Architectural Change Request

**Submit to:** Renaissance Community Partners  
633 E Ray Rd, Suite 122  
Gilbert, AZ 85296  
480-813-6788  
Fax 480-545-6196

Community: \_\_\_\_\_

Date: \_\_\_\_\_

## Requested By:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**General Description of work to be performed:** Include dimensions, shapes, colors, and locations.

**\*Please attach a sketch, photograph or sales brochure illustrations of desired addition and/or modifications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:** \_\_\_\_\_

The undersigned adjacent owners have no objections to the proposed improvement:

#1 – Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

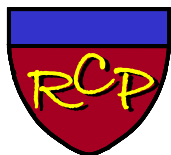
#2 – Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to Owners** – Your improvements may require a permit from the City/County Building Department. You should check with the department about permits before starting any work. All work must be completed within 90 days of approval.

### For Board Use Only

Date received by Arch. Committee: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Approval \_\_\_\_\_ Disapproval \_\_\_\_\_



Renaissance Community Partners

[www.rcplimited.com](http://www.rcplimited.com)

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