CAMPO VERDE HOMEOWNERS ASSOCIATION

3930 S. Alma School Road, Suite 10 Chandler, AZ 85248

(480) 704-2900 phone

(480) 704-2905 fax

Date: _____

Architectural Review Submittal Form

Please provide the requested information as complete as possible. If you have any questions, please feel free to call the office at the phone number listed above. Any omissions may cause unnecessary delays.

1 Owners Name:	Phono
1. Owners Name:Address:	Lot:
2. Contractor:Address:	
3. Description of work to be performed:	
4. Time period in which work is to be completed:	
5. Materials to be used:	
6. Color scheme: 7. Lar	ndscapable Square Footage:
8. Other relevant information:	
and/or materials supplied by or performed by th	
Signature:	Date:
DATE REVIEW:	FOR ARC USE ONLY
Approved Not Approved	
Approved with Returned for mo	ore
Provisions:	