

**PUEBLO VERDE HOMEOWNERS ASSOCIATION**  
**PO BOX 62073**  
**PHOENIX, AZ 85082-2073**  
Office: (602) 433-0331 Fax: (602)-244-9214 Email: Lia@cpioha.com

**Architectural Review Committee Submittal Form**

Please provide the requested information as complete as possible. If you have any questions, please feel free to call management at (602)-433-0331.  
Any omissions may cause unnecessary delays.

1. Owners Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Unit \_\_\_\_\_

2. Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_

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. Other relevant information: \_\_\_\_\_

Please attach an accurate drawing of your change depicting the exact location of the proposed work to be completed. Drawings or brochures of similar projects may also be submitted.

I agree:

- \* to maintain all improvements.
- \* to comply with all applicable City and State laws and obtain all required permits.
- \* no work will begin until I have received approval, in writing, from the Architectural Review Committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitted requests will be reviewed as soon as possible. All requests will be reviewed individually. Mail or email completed form to the above address.

For ARC use only

Received _____	Returned for more information <input type="checkbox"/>
Approved date _____	Accepted as is <input type="checkbox"/>
Disposition _____	
_____	
<b>APPROVED</b>	<b>SIGNED</b>