

Submit to: Renaissance Community Partners

633 E Ray Road, Suite 122

Gilbert, AZ 85295

480-813-6788 480-545-6196 fax

Requested By:	Date:
Email:	Account Number:
Address:	Telephone:
	: Include dimensions, shapes, colors, and locations. hure illustrations of desired addition and/or modifications
	er the above-proposed improvement that my contractor or affect to common area. I will assume responsibility for all ent.
** Notice: Submissions can not be considered of assessments.	d if the homeowner is not current with the payment
Homeowner's signature:	Date:
Some landscaping changes require adjacent own owners have no objections to the proposed impro	ners input prior to installation. The undersigned adjacent ovement:
#1 – Owner signature:	Date:
#2 – Owner signature:	Date:
# 3 – Owner signature:	Date:
You should check with the department about per	equire a permit from the City/County Building Department. rmits before starting any work. All work must be
•	Data of Davids
Date received by Architectural Committee: Approval Disapproval Comments:	_
Committee Signatures:	