

Crystal Terrace Homeowners Association Architectural Change Request

Name _____ Lot # _____

Address _____ Phone: _____

Description of request in detail, use additional sheets and drawing if necessary *:

* **NOTE:** If Architectural Request involves painting your house **please include color swatches** indicating the color of the main body of the house, pop-outs, garage door, and trim etcetera.

Work to be performed by: _____ Project Start Date: _____

Submit this request to: **Crystal Terrace Homeowners Association**
% EquinoxONE Property Management
428 S. Gilbert Rd. Suite # 109
Gilbert, AZ. 85296

The Homeowner agrees to maintain the improvement if approved by the board of directors or its duly appointed representative. If, in view of the Board of Directors, the improvement is not being maintained the association has the right to remove or maintain the improvement with the homeowner bearing all costs. The homeowner agrees to comply with all city and state laws and obtain all the necessary permits. Please **DO NOT** start work without Board Approval.

Signature of Lot Owner

Date Signed

The above described architectural change is:

_____ **Approved** _____ **Not Approved**

The above described Architectural change is subject to the following conditions:

Signature of Board Member

Date Signed

This change is to be completed within 60 Days from the date of approval.

Disclaimer: Neither the Architectural Review Committee, Board of Directors, nor Homeowners Association shall assume any liability in connection with or related to approved or disapproved improvements. An approved submittal does not in any way constitute an approval of the structural integrity of the improvement or its effect upon the existing structure and landscaping drainage.