

**TUCSON MOUNTAIN SANCTUARY HOMEOWNERS ASSOCIATION
ARCHITECTURAL REQUEST FORM**

**(CARE SHOULD BE TAKEN THAT THIS REQUEST BE IN COMPLIANCE WITH THE TMS/
H.O.A. GUIDELINES.)**

PRINT NAME: _____ PHONE: _____

ADDRESS: _____ LOT: _____

DESCRIPTION OF MODIFICATION (ATTACH PLANS IF AVAILABLE)

IN DESCRIPTION PLEASE STATE MATERIALS, COLORS, HEIGHT AND SETBACKS IF APPLICABLE. PLEASE INDICATE IF THE MODIFICATION WILL MATCH EXISTING MATERIALS/HOUSE COLOR.

START DATE: _____

I understand that once approved, work must be completed within 60 days or a re-submission is required.

As applicant, either as Owner or Owner's agent, I have read and understand both the CC&R's and the ARC design guidelines concerning design and construction in Tucson Mountain Sanctuary. Furthermore, if applicable, I agree to abide by all stipulations and contingencies as outlined by the committee.

SIGNED: _____ DATE: _____

*****NO WORK MAY BEGIN UNTIL APPROVAL*****

PLEASE FORWARD YOUR ARCHITECTURAL REVIEW SUBMITTAL FORM TO:

Judson Adams
5600 W. Crystal Rain Pl.
Tucson, AZ 85735
(520) 883-0506
Email: adamsjud@gmail.com

DATE RECEIVED: _____ FORWARD TO ARC: _____

APPROVED: _____ APPROVED WITH CONTINGENCIES: _____ DENIED: _____

RE-SUBMIT: _____

COMMENTS:

SIGNED: _____
For Tucson Mountain Sanctuary Homeowners Association
Designated Representative