

## Appendix C ARCHITECTURAL APPROVAL FORM

Eastwood Townhouse Corp.  
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\_\_\_\_\_  
Print Homeowner's Name

\_\_\_\_\_  
Print Property Street Address

\_\_\_\_\_  
Print Homeowner's Mailing Address (if different)

\_\_\_\_\_  
Print City, State, Zip Code

Unit # \_\_\_\_\_

Phone: Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ FAX  
(\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_ email:  
\_\_\_\_\_

**\*\*DO NOT WRITE IN THIS BOX\***

Date Received: \_\_\_\_\_

Date Approved/Disapproved: \_\_\_\_\_  
(Circle One)

Inspection Date: \_\_\_\_\_

Remarks & Initials:

Give full details or purpose and/or reason, type, color, size of improvement and materials, location, etc. Attach a hand sketch and/or pictures and/or samples as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated date of project completion: \_\_\_\_\_

As the owner of this property, I certify that:

1. All maintenance assessments (dues) are current for this property.
2. The applicant is the owner of the property and assumes all responsibility for approval.
3. All requested information for the project will be supplied to the Board of Directors and no work will commence until written approval has been received.

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As the owner of this property, I accept the responsibility to adhere to all County, State, and/or Federal requirements for my project. I agree to obtain building permits, licenses and/or other requirements of any agency governing my property if I have received approval of the Board of Directors. I will make sure the Management Company has a copy of all permits and/or licenses for the lot file which is maintained in their business office. I will also display any and all required documents on the exterior of the building during construction and through completion.

Homeowner's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

The Architectural Approval Form for \_\_\_\_\_ has been:

Fill in homeowner's name

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved with the following Stipulations: \_\_\_\_\_

\_\_\_\_\_ Disapproved for the following reasons:

- Architectural change does not meet the need for uniformity and/or is not aesthetically pleasing to the neighborhood environment.
- Architectural change may pose a possible threat to well being and/or safety.
- The request lacks information to render a favorable decision.
- More information is requested regarding:  
\_\_\_\_\_

Please re-submit your request within \_\_\_\_\_ days.

- The request may threaten the structure of the property.
- Other:  
\_\_\_\_\_

Board of Directors Signature \_\_\_\_\_

Date \_\_\_\_\_

**Submit entire form and attachments to: Mutual Management Services, 5333 North 7th Street,  
P.O. Box 27008, Phoenix, AZ 85061-7008, 602-248-4466**