

CAMELOT PARK VILLAS HOMEOWNERS ASSOCIATION

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ARCHITECTURAL MODIFICATION REQUEST FORM

Please complete form in full and email to Debbie@kinneymanagement.com, who will arrange for Board review and approval. The Board has 30-days to consider your request. PLEASE DO NOT BEGIN WORK UNTIL YOU HAVE RECEIVED APPROVAL.

DATE: _____

1. OWNER'S NAME: _____

UNIT ID & LOT NUMBER: _____ PHONE NUMBER: _____

COMPLETE ADDRESS: _____

2. CONTRACTOR NAME, ADDRESS, AND PHONE NUMBER: _____

3. DESCRIPTION OF WORK TO BE DONE: _____

4. TYPE OF MATERIALS TO BE USED: _____

5. COLOR (S) TO BE USED: _____

6. DIMENSIONS OF STRUCTURE (HEIGHT, WIDTH, ETC.), IF APPLICABLE: _____

7. PLEASE INCLUDE TWO COPIES OF ALL DRAWINGS, IF APPLICABLE.

8. **Please retain a copy for your records.**

COMMITTEE APPROVAL/DENIED

DATE

ADDITIONAL COMMITTEE COMMENTS: _____

The Committee's review and approval is limited to, and only pertains to, the ITEMS DESCRIBED ABOVE. The fact that any 'other' information, improvement, or modification is shown on the plan(s) submitted does not mean that it is considered a part of the submittal.