



ANTHEM PARKSIDE ARCHITECTURAL REVIEW COMMITTEE
APPLICATION for APPROVAL
APPENDIX "A"

NOTE: SUBMITTAL CANNOT BE ACCEPTED WITHOUT HOMEOWNER SIGNATURE

This application for Approval of Landscaping and Exterior Modifications and is valid for 120 days after approval. Original submittal will not be returned. Submit one copy of plans, maximum size of 11" X 17".

Submittal Date: _____
Homeowner Name: _____
Anthem Address: _____
Email Address: _____ Phone: _____

I understand the information provided on this form will be used by the Parkside Homeowner's Association to communicate important community information.

Other Mailing Address: _____

NATURE OF REQUEST (Check appropriate category and circle correct item)

- Concrete Work Only (walkways, patio, etc)
Patio Extension, Sun Screens, Awnings
Satellite Dish
Security Door
Other
Walls, Fences, Gates
Pool, Spa, Jacuzzi, Fountain
Landscaping (Front / Rear) -front must be complete within 90 days of close, rear within 190 days of close

Contractor Name and Phone _____

Plans must include the following (where applicable): Plot plan, Floor Plan, Exterior Elevations, Roof design, Exterior Materials and Finishes, Landscaping Plan, Wall Dimensions with Side View, and such other items as needed to reflect the character and dimension of modifications.

THIS APPLICATION REQUIRES THE SIGNATURE OF THE HOMEOWNER. THE UNDERSIGNED ACKNOWLEDGES THAT IF ANY WORK HAS COMMENCED PRIOR TO THE APPROVAL OF THE REVIEWER, HE/SHE WILL BE LIABLE FOR ALL COSTS NECESSARY TO BRING THE WORK INTO COMPLIANCE WITH THE CC&R'S (DECLARATION) OR DESIGN GUIDELINES. BY SIGNING THIS APLPICATION FORM, I, THE HOMEOWNER, GIVE AUTHORIZATION TO THE REVIEWER TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTING ALL WORK IDENTIFIED ON THE APPLICATION AS BEING SATISFACTORILY COMPLETED.

(Required) Homeowner Signature _____ Date _____

THIS APPROVAL DOES NOT RELIEVE THE HOMEOWNER FROM ALL ALL CC&R AND ANTHEM DESIGN GUIDELINE REQUIREMENTS, NOR DOES IT CONSTITUTE APPROVAL AS TO COMPLIANCE WITH APPLICABLE ARIZONA LAW, MARICOPA COUNTY, AND/OR CITY OF PHOENIX BUILDING AND SAFETY REQUIREMENTS OR ZONING ORDNANCES.

ACTION TAKEN BY THE ARC:
APPROVED as NOTED The request is conditionally approve subject to noted conditions
DISAPPROVED The request is not approved and MUST BE RESUBMITTED with revisions
Committee Signatures _____ DATE _____
COMMENTS _____