

PECAN GROVE ESTATES II HOMEOWNERS ASSOCIATION

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MODIFICATION APPROVAL REQUEST FORM

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. **All improvements must be started if approval is granted within 12 months of this approval or this approval will expire and must be resubmitted.**

8. PLEASE ATTACH A COPY OF ALL PLANS, INCLUDING ALL DETAILS PERTINENT TO THE PROPOSED PROJECT, INCLUDING BUT NOT LIMITED TO, COLORS, DESIGN, ELEVATIONS, LOCATION ON THE LOT, ETC.

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

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.