



ARCHITECTURAL COMMITTEE SUBMITTAL FORM

Inquiries Call: (602) 996-4659

Email Completed Form: sclark@associatedasset.com

[OR drop off at the Anasazi Village Condos - Community Management Office]

PLEASE CHECK APPROPRIATE BOX BELOW:

- ARE YOU SUBMITTING PRIOR TO LIVING IN THE COMMUNITY?
- I AM CURRENTLY LIVING IN THIS COMMUNITY.

Name: _____ Date: _____

Address: _____ Building # _____ Unit # _____

Phone: _____ Email Address: _____

Current Mailing Address (if different from onsite address):

Description of remodel: Type: i.e., Interior changes of any kind to be made to the property and changes to the exterior of the unit:

Type of Material to be used (attach samples / pictures / brochures):

Color to be used (attach samples / pictures / brochures):

Application for Approval: All Architectural Committee Submittal Form must be submitted in writing, together with the items described below (“Submittal Package”).

Owner to initial acknowledgement of the following:

_____ A completed Architectural Committee Submittal Form (additional copies may be obtained from the Association Office).

_____ Plans and specifications showing the location, nature, kind, shape, height, and materials, including the color and any other requirements, clearly indicating all proposed modifications.

_____ Floor plans if a Resident is requesting permission to remove or relocate a wall.

_____ Fire Safety Devices: No one shall remove any permanent smoke detectors, sprinklers, security speakers or fire safety devices anywhere in or about a Unit. If spray paint, sanding, or any other work that could potentially set off the smoke detectors or fire sprinklers will be performed, it is permissible to cover smoke detectors and/or fire sprinklers with plastic (and no other material), but the plastic must be removed at the end of each day. A fine of \$500 will be assessed for each smoke detector or fire sprinkler left covered overnight.

Remodeling (or renovating) a unit within Anasazi Village is necessary from time to time, this remodeling has an impact on neighboring residents, therefore it is important that any remodeling is completed in a timely manner. Owners should be aware Anasazi Village Board of Directors has established the following standards which must be followed:

_____ All remodeling or renovating of units shall be completed within 60 Days. Any exceptions/extensions to this timeframe must be requested by the owner in writing and approved by the Board of Directors.

_____ Permits and licenses, if applicable.

CONTRACTOR CONTACT INFORMATION:

Company: _____ Phone: _____

Address: _____

Onsite Contract Information: Name: _____ Phone: _____

_____ Certificates of insurance (including contractors' exclusions and proof of valid Workers' Compensation insurance).

_____ Homeowner Certificate of Insurance, Anasazi Village Condominiums to be listed as additional insured:

In lieu of contractor providing contractor insurance information and adding Anasazi Village, as an additional insured, I hereby waive these requirements and assume full responsibility for any risk associated with the contractor's work. By my signature below, I accept full liability for any damage caused to the Common Elements, Limited Common Elements, other Units, or any part of the condominium property as a result of the contractor's work. I agree to indemnify and hold harmless Anasazi Village from any claims, damages, or expenses arising from the contractor's actions or omissions.

Acknowledgement of responsibility:

Owner Signature: _____ Date: _____

I acknowledge my responsibility to ensure that the contractor complies with all applicable federal, state, and local laws, regulations and building codes. I will ensure that all necessary permits and approvals are obtained prior to the commencement of any work. I understand and accept full responsibility for selecting a qualified and competent contractor to perform any work on my Unit or Limited Common Elements. I affirm that I have conducted due diligence in ensuring the contractor's qualifications and suitability for the work to be performed. certificate of insurance owner to sign acknowledgement of responsibility:

Acknowledgement of responsibility:

Owner Signature: _____ Date: _____

The Architectural Review Committee will not be able to review your application unless all required plans, forms, fees, and information for your proposed Improvements(s) are included in your submittal package.

INCOMPLETE SUBMITTALS WILL BE DENIED

Homeowner agrees to comply with all applicable City and State laws, and to obtain all necessary permits. Approval by the Architectural Committee shall not be deemed a warranty or Representation as to the quality of such construction, installation, addition, alteration, repair, change or other work, or that work conforms to any applicable building codes or other Federal, State, or local law, statute, ordinance, rule or regulation.

Architectural Design Committee requests will be reviewed within 30 days. Requests will either be approved, denied, or returned for additional information.

Homeowner Signature: _____ Date: _____

“Office Use Only”

The Above-Described Architectural Change Has Been

APPROVED: _____

Approved subject to the following conditions: _____

DISAPPROVED: _____

SIGNATURE: _____ DATE: _____