

WHEN COMPLETED RETURN TO:

**D'ARCY RANCH HOA**

C/O

Vision Community Management

16625 S Desert Foothills Pkwy

Phoenix, AZ 85048

Phone: (480) 759-4945 Fax: (480) 759-8683

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Submitted  
MM/DD/YY

You may fill out form online,  
Print, **SIGN**, scan or photograph  
and email to:  
[arch-request@darcyranchhoa.com](mailto:arch-request@darcyranchhoa.com)  
it goes to both HOA & MGMT  
CO. or Fax to: (480) 759-8683  
Color Samples will have to be sent  
to the Management Company or  
given to Architectural committee if  
not on approved list.

**D'ARCY RANCH HOA**

**Architectural Review Committee Submittal Form\***

All improvements are subject to inspection upon completion

Owner's Name\* \_\_\_\_\_ Lot #\* \_\_\_\_\_

Address\* \_\_\_\_\_ Phone #\* \_\_\_\_\_

Email(optional) \_\_\_\_\_ Start Date:\* \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YY

\_\_\_\_ [Painting House Exterior](#) (See Rules Sec. I item G)    \_\_\_\_ [Change Front Door Color](#)    \_\_\_\_ Windows / Screens

\_\_\_\_ [Children's Play Structure](#) (See Rules Sec. I item B)    \_\_\_\_ [Basketball Standard](#) (Rules Sec. II item \_\_\_\_    \_\_\_\_ [Front Yard Landscape](#) (See Rules Sec. I)

\_\_\_\_ [Decorative Landscaping](#) (See Rules Sec. I)    \_\_\_\_ [Walls](#) (See Rules Sec. I item F)    \_\_\_\_ Patio Cover

\_\_\_\_ Driveway / concrete    \_\_\_\_ [Gutters/Downspouts](#) (See Rules Sec. I item I)    \_\_\_\_ [Security Door](#) (See Rules Sec. I item E)  
\_\_\_\_ Walkway extension

Other \_\_\_\_\_

1.\* Contractor Name and Address, or write OWNER if you are doing the work yourself):

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

Phone # \_\_\_\_\_ License # \_\_\_\_\_

2.\* Detailed description of work being performed: \_\_\_\_\_

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

3.\* Type of materials to be used: \_\_\_\_\_

\_\_\_\_\_

4.\* Colors: (Manufacturer, color name **and** number)

Base/Main Color \_\_\_\_\_ Trim/Accent Colors \_\_\_\_\_

Are the colors the same as they are now? Y/N \_\_\_\_ Are the [colors on the approved list](#)? Y/N \_\_\_\_

5. Other Information: \_\_\_\_\_

\_\_\_\_\_

\*= all information is required for approval

Please note the following important information BEFORE returning this form for review by the Architectural Committee:

1. An accurate drawing must be attached using your Lot dimensions showing the exact location of the proposed improvement(s). Color samples must be submitted if the color is not on the approved color list or are changing colors.
2. Architectural requests will be approved, denied and/or returned for additional information as soon as possible after the review. Project must start within 90 days of approval or you will have to resubmit application. Approval time is usually by the next meeting date (see [website](#)), if ALL information is provided.
3. The Homeowner is referred to Section 14 of the D'Arcy Ranch Homeowner's Association [CC&R's](#) and the Association Architectural Guidelines. Project must be complete within 90 days of actual start date.
4. The Homeowner agrees to maintain the improvement if approved by the Board of Directors and/or the Architectural Review Committee. If in the view of the Board of Directors and/or the Architectural Review Committee the improvement is not being maintained, the Association has the right to maintain the improvement with the homeowner bearing all cost thereof or the improvement must be removed.
5. The Homeowner agrees to comply with all City and State laws and to obtain all necessary permits. Building permits are obtained from the City of Chandler.
6. Please **DO NOT Proceed** without Approval. See [Rules and Regulations](#)

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Homeowner Signature 1 Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Homeowner Signature 2 Date

Project must start within 90 days of approval or you will have to resubmit application.

Project must be complete within 90 days of actual start date.

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\* (For Architectural Review Committee Use Only)

Name: \_\_\_\_\_ Lot # \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The above-described architectural change is: \_\_\_\_\_ Received by arch. comm..

\_\_\_ **APPROVED** \_\_\_ **DENIED** \_\_\_ **WITH CONDITIONS**

\_\_\_ **DENIED BECAUSE MORE INFORMATION NEEDED, THEN RESUBMIT**

EXPLANATION/

CONDITIONS \_\_\_\_\_

\_\_\_\_\_

—

\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Architectural Review Committee Date mm/dd/yy