

Redhawk Homeowners Association

EquinoxONE® Community Management

4809 E. Thistle Landing Drive – Suite #100, Phoenix, AZ. 85044

Phone: (480) 705-4046 Extension 3 Fax: (480) 785-0220

~ARCHITECTURAL APPROVAL REQUEST FORM~

NAME _____ LOT _____

ADDRESS: _____

PHONE: _____ WORK PHONE: _____

Description of Architectural request in detail including:

Dimensions: _____

Materials: _____

Location: _____

Colors: _____

PLEASE SUBMIT A SKETCH OR DRAWING OF THE PROPOSED CHANGES

**PAINTING REQUESTS – PLEASE SUBMIT 2 PAINT SAMPLES OF EACH COLOR THAT YOU WISH TO USE WITH THE APPLICATION AND RETURN ALL TO THE ADDRESS BELOW.
PLEASE SUBMIT MORE THAN ONE CHOICE FOR PAINT COLORS.**

Painting pop outs or the garage door any color other than the base color is not allowed.
Front door and screen door may both be painted base or trim color and not a combination of each.

Work to be performed by: _____

License # * (If permit required) _____

Start Date: _____ Completion Date: _____

The Homeowner agrees to maintain the improvement if approved by the Architectural Committee. If, in the view of the Redhawk Board of Directors, the improvement is not being maintained, the Association has the right to remove or maintain the improvement with the Homeowner assuming all financial responsibility.

The homeowner agrees to comply with all City, County and State statutes and must obtain all necessary permits (if required).

The Homeowner(s) agree to comply with the Rules and Regulations for contractors as stated by Redhawk HOA.

Signature of Lot Owners _____ Date Signed _____

Return submittal form and attachments to:

Redhawk Homeowners Association, c/o EquinoxONE® Community Management, Attn: Dolores Mendez, 4809 E. Thistle Landing Drive, Suite 100, Phoenix, AZ. 85044; Email: Dolores.EquinoxONE@cox.net Fax: (480)785-0220. On-line: www.EquinoxONE.com

All Architectural requests are submitted to the Architectural Committee for review. You will be notified as soon as possible of your request status. If you have any questions, please contact: Dolores Mendoza at: (480) 705-4046 Extension 3

(For Committee / Board use only) **Committee Recommendation**

- Approved Approved Subject To (below) Not Approved

Subject to Provisions and/or comments re: non-approval _____

BY:RHK Committee Representative: _____ Date: _____