

SUBMITTAL FORM FOR ARCHITECTURAL REVIEW COMMITTEE

HIDDEN OAKS HOMEOWNERS ASSOCIATION
PO BOX 40790, TUCSON AZ 85717
PHONE 520.822-8038 FAX 520.822-8083

Owner's Name: _____ Lot # _____

Address: _____ Phone: _____

Description of Proposed Work, including materials and colors: _____

Attach an accurate drawing with your lot dimensions that shows the exact locations of the proposed improvements. If structure additions or anything tie into the roofline, attach an elevation of the proposed structure. Your lot was graded to drain away from your house in all directions. You assume full responsibility for proper drainage when landscaping is begun, changed, or added.

Contractors Names and Phones: _____

Licenses, if needed: _____

Estimated Start Date: _____ Estimated Completion Date: _____

You are responsible for obtaining a City of Tucson Building Permit

Acknowledgement of Property Owners who are adjacent or have a view of proposed work:

Name: _____ Lot #: _____ Date: _____

Name: _____ Lot #: _____ Date: _____

Name: _____ Lot #: _____ Date: _____

Name: _____ Lot #: _____ Date: _____

Note to Other Property Owners: Your signature does not constitute your approval. It indicates only that you are aware of the applicant's intention. If you have concerns with the proposed work, please notify the ARC in writing (via Stratford Management) within seven days of the date of your signature.

The Architectural Review Committee meets on the fourth Monday of each month. Applications must be turned in one week prior to be considered.

Owner's Signature: _____ Date: _____

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For ARC Use Only: Date Received: _____ Date Approved: _____ Date Disapproved: _____

Initials of ARC Members _____

Conditions of Approval or Reasons for Disapproval: _____
