

CREEKSIDE HOMEOWNERS ASSOCIATION
Architectural Improvement Application and Review Form

Homeowner: _____ Date: _____

Address: _____ Lot #: _____ Phone: _____

Contractor's name address and phone # if applicable: _____

Description of Alteration / Improvement (Location, Dimensions, Specification, Materials, Colors, etc)

Estimated Start / Finish Dates: _____

Note: Drawings to be attached

Reminders to Homeowners

1. All necessary permits must be obtained from the proper agencies.
2. The completed project must display good workmanship and must be substantially the same as the diagrams and drawings submitted for approval.
3. Your Board of Directors encourages you to discuss your project with your neighbors. Anything done to adjoining walls must have approval of neighbor(s) who share wall.
4. Work needs to be done in a timely manner.

Owner signature

Owner signature

If needed:

Neighbor signature

Neighbor signature

Neighbor signature

Printed name/Phone

Printed name/Phone

Printed Name/Phone

Email, mail, fax or drop off application to:

Creekside Homeowners Association
c/o Copper Rose Community Management
6601 E. 22nd Street, Tucson, AZ 85710
Cyndis@copperrosellc.com
520-888-0474

** For Architectural Committee Use Only **

Date Received: _____

Date Reviewed by Board or Architectural Committee: _____

Approved

Disapproved

Approved with Contingencies

Contingencies / Comments to Homeowners: _____

Signature of Architectural Committee Representative

_____ Date