SCOTSDALE BLUFFS HOMEOWNERS ASSOCIATION, INC.

ALTERATION APPLICATION

Owner's Name:	Date:	
Address:	Phone:	
DESCRIBE IN DETAIL, T	TYPE OF ALTERATION AND MATERIALS TO BE USED):
(If more space is required	d, please attach it to this form. Thank you)	
MUST BE ACCOMPANIE SIZE AND TYPE OF COM	g approval for any alteration which occurs outside the exED BY A COPY OF YOUR LOT SURVEY WITH A SKETO NSTRUCTION. ALL APPLICABLE CONTRACTOR PROFICON AS MAY BE NECESSARY.	CH INDICATING LOCATION
building permit from the The Architectural Review alteration and addition co the project be completed	is not to be constructed to cover approval of any County appropriate building department is needed on most alter as Board shall have no liability or obligation to determine the major with any applicable law, rule, regulation, code or of within 90 days of approval. If the project is not complete need to be completed and reapproved.	erations and/or improvements ne whether such improvement ordinance. The Board asks tha
structure, the applicant, the or replacement of any suc HOMEOWNERS ASSOCI REQUIRED TO TAKE A ALTERATION OR ADD	to granting approval of any request for a change, alteration eir hires and assigns thereto, hereby assume sole responsible change, alteration or addition. IT IS UNDERSTOOD IATION AND AMER-TECH COMMUNITY MANAGEMICTION TO REPAIR, REPLACE OR MAINTAIN ANY STITION, OR ANY STRUCTURE OR ANY OTHER PROFUMES ALL RESPONSIBILITY AND COST FOR ANY AND MAINTENANCE.	oility for the repair, maintenance AND AGREED THAT YOU ENT, INC., ET AL, ARE NOT SUCH APPROVED CHANGE PPERTY. THE HOMEOWNER
Date:	Owner's Signature:	
ACTION TAKEN BY ASS		
Date:	☐ Approved ☐ Denied	
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Authorized Signature for the Architectural Review Board