MONTE VISTA HOMEOWNERS ASSOCIATION

Architectural Improvement Application and Review Form

Homeowner:	Date:
Address:	_ Lot #: Phone:
Contractor's name address and phone # if a	applicable:
Description of Alteration / Improvement (Loc	cation, Dimensions, Specification, Materials,
Colors, etc) Include additional pieces of pap	per if needed.
Estimated Start / Finish Dates:	
Note: Drawi	ngs to be attached
same as the diagrams and drawings	good workmanship and must be substantially the s submitted for approval. s you to discuss your project with your neighbors. manner.
Owner signature	Owner signature
Email, mail, fax or drop off application to:	Monte Vista Homeowners Association c/o Copper Rose Community Management 6601 E. 22nd Street, Tucson, AZ 85710 amandaw@copperroseinc.com
	Fax: 520-888-5407
** For Architectura Date Received: Date Reviewed by Board or Architectural Co □ Approved □ Disapprove Contingencies / Comments to Homeowners	ed Approved with Contingencies
Signature of Architectural Committee Repre	esentative Date