

Submit to: Renaissance Community Partners

633 E Ray Road, Suite 122

Gilbert, AZ 85296

480-813-6788 480-545-6196 fax

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Requested By:		Date:
Name:		Account Number:
Address:		Telephone:
Email:		
General Description of work to be performed: Include dimensions, shapes, colors, and locations. *Please attach a sketch, photograph or sales brochure illustrations of desired addition and/or modifications		
•	y, in the future adverse	nder the above-proposed improvement that my contractor or ely affect to common area. I will assume responsibility for all ment.
** Notice: Submission of assessments.	s can not be conside	red if the homeowner is not current with the payment
Homeowner's signature	:	Date:
Notice to Owners – Your improvements may require a permit from the City/County Building Department. You should check with the department about permits before starting any work. All work must be completed within 90 days of approval.		
For Board Use Only		
		Date of Decision:
		Manager Recommendation:
Comments:		