# Architectural Review Committee Request
# Quail Creek Villas Association, Inc

**Date: _____**

1. **Owner's name: _____**

   **Address: _____Email: _____**

2. **Contractor name: _____License: _____**
   **(Note: AZ requires a license for work exceeding $1000.)**

3. **Description of work to be performed: _____**

   **_____**

   **Date work is to begin: _____ Est. completion date: _____**

   **Type of materials to be used: _____**

   **Colors to be used: _____**

   **Other Information: _____**

**Please attach project supporting documentation including dimensions, details of construction, photographs, etc. as appropriate to fully describe the project.**

Architectural Review Committee requests will be reviewed as soon as possible. Work may not begin on a project until request is approved. Please contact Associa at (520) 742-5674 for any questions.

All work is subject to site inspection by the ALC after completion. Approval by ALC does not constitute approval/recommendation of contractor nor approval from the town of Sahuarita. ALC is not responsible for the validity of the attached information.

*Homeowners are solely responsible for providing proper grading/drainage, and cleanup and restoration of any area affected by work covered under this Request. The cost of all repairs to the exterior of the Villa caused by the Villa Owner is the financial responsibility of the homeowner.*

**Date: _____ Homeowners signature: _____**

*Fee Paid: $_____ Payment Method: Cash (_) Check # _____ Waived (_)*