

THE TRAILS OF SCOTTSDALE III/IV ARCHITECTURAL VARIANCE REQUEST

Owners Name: _____ Date: _____
 Address: _____ Lot No.: _____
 Email: _____ Home Phone: _____

VARIANCE TYPE

- Structural* Paint Patio Cover Landscape
 Driveway Roof Other

1. Are Association Assessments paid up-to-date? Yes No

Association Assessments must be paid up-to-date and the property cannot have any outstanding Association fines for consideration of any variance.

2. If the request is not a paint variance, please attach a copy of plans.**

3. Are you aware of similar projects in the subdivision? Yes No

If yes, provide the project's address _____

4. If the Variance is a paint variance, please list the following information.

Paint Brand: _____ (Attach Paint Chips or Brochure)

Base Color: _____ Trim Color: _____

Paint Variances will be approved according to the standards published November 2002. For a copy of the variance standards, see the Web site at www.trails3-4.org.

Architectural Committee requests will be reviewed as soon as possible and within 30 days of receipt. Request will either be approved, denied or returned for additional information as soon as possible after review.

- *The Homeowner agrees to comply with all City and State laws and obtain all necessary permits prior to commencing work on the project. Building permits are obtained from the City of Scottsdale.*
- *Attached plans may be one or more of the following: (a) copy of blueprints (construction plans); (b) accurate drawing with your lot dimensions showing the exact location of the proposed change and/or (c) written narrative of the project details.*

Signature of Owner _____ Date _____

MARICOPA COUNTY RECORDING PROCESS – Once approved by the Architectural Control Committee, the Homeowner is required by the CC&R's to record this variance request. Please mail this form together with a provided cover sheet and a **\$10 check made out to the Maricopa County Recorder's Office, 111 South 3rd Avenue, Phoenix, AZ 85003**. Upon receipt of recorded document, Homeowner must submit a copy of the document to the Association for its records.

Approved Denied Date: _____

Signature: _____ Signature: _____

Reason (if denied): _____

