

DREAMING SUMMIT
Design Review Guidelines & Association Rules And Regulations

EXHIBIT B

Architectural Design Request for Approval Form

DREAMING SUMMIT HOMEOWNERS ASSOCIATION

The Covenants, Conditions and Restrictions (CC&R's) require that an owner obtain the prior written approval of the Committee or its nominee(s) (the "Committee") for any exterior alteration or addition to property within Dreaming Summit.

To comply with the CC&R's, please complete the form below. Attach a detailed drawing or blueprint of the proposed alteration and/or addition. The drawing should specify dimensions, materials to be used and colors. This application and the drawing will be retained for the Committee records. All three pages of this form must be completed and submitted.

HOMEOWNER INFORMATION

NAME: _____

LOT #: _____ **SUBDIVISION:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____

PHONE/BUSINESS: _____ **PHONE/HOME:** _____

Prior to committee review, the homeowner must sign to verify that:

1. Association fees are paid and current;
2. No fees and/or fines are owed to the Association and;
3. Understand and agree that **NO** work on this request shall commence until written approval of the Committee has been received by me.

HOMEOWNER SIGNATURE: _____

DATE: _____

REQUEST

Description of Request - Provide full details of purpose and/or reason, type, color, size/dimensions of improvement and materials, and location utilizing this form. Use additional 8½” x 11” paper if necessary. For Play Structures please include specific dimensions, make/model and pictures of structure, if available.

AN ACCURATE DRAWING MUST BE ATTACHED. AN ACCURATE SITE PLAN MUST ALSO BE INCLUDED.

IF THIS REQUEST IS TO PAINT, SAMPLE PAINT CHIPS OF PAINT TO BE USED MUST BE INCLUDED, EVEN IF THE INTENT IS TO USE ORIGINAL COLORS.

DESCRIPTION OF ALTERATIONS: _____

CONTRACTOR: _____
Address: _____
City/State/Zip: _____
Phone: _____

MATERIAL(S) *: _____

COLOR(S) *: _____

* (include **three sets** of sample chips or materials, as appropriate)

DIMENSIONS: _____

RETURN TO: Dreaming Summit Homeowners Association
c/o Kinney Management Services
Post Office Box 25466
Tempe, Arizona 85285

For Additional Information Call: (480) 820-3451

The Committee’s review and approval is limited to and only pertains to the ITEMS DESCRIBED ABOVE. The fact that information not specifically requested is shown on the plan does not mean that it is approved as part of the submittal.

Adopted: 2/13/2001
Revised: 12/18/2013

COMMITTEE ACTION

Property:

Project:

The Committee has taken the following action on this application:

_____ **REJECTED.** Application does not meet the Design Guidelines for Dreaming Summit Homeowners Association.

_____ **REVIEWED THE APPLICATION.** The following revision(s) and additional submission(s) are required to meet the Dreaming Summit Homeowners Association Guidelines:

_____ **REVIEWED AND CONDITIONALLY APPROVED** the Architectural Design Form submitted with the following changes required. This approval is subject to all applicable County and State permits, codes and regulations. Compliance with said issues is the responsibility of the homeowner.

_____ **REVIEWED AND APPROVED** the Architectural Design Form submitted as meeting the requirements of the Dreaming Summit Homeowners Association Guidelines. This approval is subject to all applicable County and State permits, codes and regulations. Compliance with said issues is the responsibility of the homeowner.

NOTE: IF PROJECT NOT COMPLETED WITHIN SIX MONTHS, THIS FORM MUST BE RESUBMITTED FOR CONSIDERATION.

APPROVED BY: Chairperson _____

DATE: _____