

# DESIGN REVIEW REQUEST FORM

Please mail/email/or fax to:  
Casas del Cielo Homeowners Association  
% Cornerstone Properties  
4523 E Broadway Road  
Phoenix, AZ 85040  
Phone: 602-433-0331 / Fax: (602) 244-9214  
Email: [amanda@cpihoa.com](mailto:amanda@cpihoa.com)

PLEASE CHECK APPROPRIATE BOX BELOW:

- I AM SUBMITTING PRIOR TO LIVING IN THE COMMUNITY.  
 I AM CURRENTLY LIVING IN THIS COMMUNITY.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Submittal Type: *i.e., landscaping changes to be made to my property and changes to the exterior of my home*

\_\_\_\_\_  
Type of Material to be used - (attach samples / pictures / brochures):

\_\_\_\_\_  
Color to be used – (attach samples / pictures / brochures):

\_\_\_\_\_  
\*MUST INCLUDE A PLOT PLAN INDICATING LOCATION OF PROPOSED MODIFICATION AND INCLUDE APPLICABLE MEASUREMENTS AND DIMENSIONS.

Work to be performed by:  Self  Contractor Work to be completed by: \_\_\_\_\_

INCOMPLETE REQUESTS WILL BE RETURNED FOR MORE INFORMATION

Homeowner agrees to comply with all applicable City and State laws, and to obtain all necessary permits. Approval by the Design Review Committee shall not be deemed a warranty or Representation as to the quality of such construction, installation, addition, alteration, repair, change or other work, or that work conforms to any applicable building codes or other Federal, State or local law, statute, ordinance, rule or regulation.

Design review requests will be reviewed within 45 days. Requests will be approved, denied, or returned for additional information.

\_\_\_\_\_  
Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner E-mail address: \_\_\_\_\_

(Office Use Only)

The Above-Described Design Change Has Been:

APPROVED \_\_\_\_\_ Subject to the following condition(s): \_\_\_\_\_

DISAPPROVED \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_