

**Atalon Community Association**  
**P.O Box 62073**  
**Phoenix, AZ 85082**  
**Telephone: (602) 433-0331 Fax: (602) 244-9214**

**ARCHITECTURAL REQUEST**

If you require more space or have further details, please include them as an attachment on a separate page. Also, please submit all sketches, drawings, photos, and sample material brochures related to the proposed change along with paint color samples (if applicable).

Once your application has been received, your submittal will be sent to the Architectural Committee for review. Do not start work without approval as you may be required to remove changes of improvements at your own cost.

Please submit your completed form to: [Lia@cpihoa.com](mailto:Lia@cpihoa.com)

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

Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact/response:       Mail       Email

Summary of Architectural Request: \_\_\_\_\_

Description of  
Project:

Dimensions: \_\_\_\_\_

Materials: \_\_\_\_\_

Location: \_\_\_\_\_

Colors: \_\_\_\_\_

Vendor/Contractor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

The homeowner agrees to the following: (1) Provide positive drainage away from their home, walls and neighboring properties including Common Areas, if applicable. (2) The homeowner agrees to maintain the improvement if approved by the Architectural Committee. (3) The homeowner agrees to comply with all City, County and State laws/ordinances/codes/etc. and must obtain all required permits.

\_\_\_\_\_  
Signature of Lot Owner

\_\_\_\_\_  
Signing Date

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OFFICIAL USE ONLY:

Request ID #: \_\_\_\_\_

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
CONDITIONAL APPROVAL

\_\_\_\_\_  
DISAPPROVED

COMMENTS: \_\_\_\_\_