



Design Review Application: Paint

OWNER: _____

ACCOUNT NUMBER: _____

DAYTIME PHONE: _____

E-MAIL: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (If different): _____

DOES THE BACKYARD HAVE A VIEW FENCE? Y/N _____

ATTENDING MEETING? Y/N _____

If Applicable

CONTRACTOR: _____

DAYTIME PHONE: _____

LICENSE #: _____ EXPIRATION DATE: _____

BODY COLOR: _____ POP OUT COLOR: _____

TRIM COLOR: _____

LOCATION OF IMPROVEMENT (check applicable area(s)):

_____ Entire House _____ Front _____ Back _____ Patio

_____ Side _____ Other _____ Front Door _____ Garage Door

PROJECT (check all that apply)

- Painting of exterior of home
- Painting of fencing, property walls, etc.

I would like to start the project: _____

Approximate completion date: _____

(Work must be completed within 60 days of approval)



1475 E. Bella Vista, San Tan Valley, AZ 85143
Office: (480) 987-8073 Fax: (480) 987-9742
Office Hours: Monday – Friday 8AM-5P