

Architectural & Landscape Revision Application
Shannon Club Homeowners' Association

P.O. Box 68694, Oro Valley, AZ 85737 Phone: (520) 742-3018 Fax: (520) 219-3977

Lot # _____ Date _____

Owner(s) _____ Phone _____

Address _____

Type of Project _____

Color Scheme _____ Construction Materials _____

Dimensions _____

Work Done By Self _____ Contractor _____

Phone # _____

Please sketch your project here (or attach second sheet)

ALL NECESSARY COUNTY PERMITS MUST BE OBTAINED FROM THE PROPER AGENCIES. ALL WORK MUST BE COMPLETED WITHIN ____ DAYS OF COMMENCEMENT IN A WORKMANSHIP-LIKE MANNER. TO PROMOTE AN ATTITUDE OF SHARING AND NEIGHBORLINESS, THE BOARD ENCOURAGES YOU TO DISCUSS YOUR PROJECT WITH ADJOINING NEIGHBORS. ANY PLANT CHANGES MUST APPEAR ON THE PLANT LIST APPROVED FOR THE ASSOCIATION.

DATE APPROVED _____ COMMENTS _____

PLEASE PRINT