

**RIO VERDE VISTA II
HOMEOWNERS ASSOCIATION**

**P.O. Box 14198
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(520) 747-5700 Fax (520) 577-8555**

**ARCHITECTURAL AND LANDSCAPE
REVIEW SUBMITTAL FORM**

Date _____

1. Owner's Name _____

Lot or Unit # _____

Address _____

2. Description of work to be done _____

3. Type of materials to be used _____

4. Color(s) to be used _____

5. Contractor Name, Address, and Phone (if applicable) _____

License # _____

6. Other Information _____

An accurate drawing must be attached using your lot dimensions showing the exact location of the proposed structure. For room additions or anything that must tie into the roofline, an elevation of the proposed structure must also be attached.

Committee action taken _____
