

JULIAN RANCH COMMUNITY ASSOCIATION

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**ARCHITECTURAL AND LANDSCAPE
REVIEW SUBMITTAL FORM**

Date_____

1. Owner's Name_____

Lot or Unit #_____

Address_____

Email:_____

Phone:_____

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.

Design Review requests will be reviewed as soon as possible.

Committee action taken_____
