

Stone Crossing Condominium Association

P.O. Box 14198 Tucson, AZ 85732 Phone: (520) 623-2324 Fax: (520) 722-5039

ARCHITECTURAL REVIEW SUBMITTAL FORM

Date _____

1. Owner's Name _____

Lot or Unit # _____

Address _____

Phone: _____ Email 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.

Design Review requests will be reviewed as soon as possible.

Committee action taken _____
