

**CANYON WILLOW WEST HOMEOWNERS ASSOCIATION
ARCHITECTURAL CHANGE REQUEST**

Date: _____

Requested by: _____

Address: _____

Telephone: _____ Email: _____

TO: Architectural Review Committee

I hereby request your approval for the installation of the following improvement to my unit (describe the proposed improvements and attached a drawing showing type, style, dimensions, materials, color and location):

As the homeowner, I understand that I am responsible for any damage done to the common elements during and/or after construction of such improvements.

If a contractor is used, a copy of the Business License and Certificate of Insurance must be submitted with this request and the insurance must list the Association and Management as an additional insured on the policy. This information must be provided prior to the work being completed and will delay the approval process of this application if not provided with the initial paperwork. Also, if a building permit is required for the proposed improvement, it must be obtained prior to construction.

Work to be constructed by: _____

Proposed Date of Construction: _____

Any Additional Comment from Applicant: _____

Applicant Signature(s): _____

DO NOT WRITE BELOW THIS LINE

ARCHITECTURAL REVIEW COMMITTEE ACTION:

Approved

Declined

More information needed

COMMENTS: _____

Date: _____

By: _____

Affected Neighbors Approval Needed? () _____

ARC Member Signature

ARC Member Signature

**CANYON WILLOW WEST HOMEOWNERS ASSOCIATION
IMPACTED NEIGHBOR STATEMENT**

As required, if affected

Name: _____

Address: _____

Improvement for Review: _____

On the below noted dates, I/We presented the attached plans and/or drawings to all affected neighbors for their review of the above noted improvement. Each neighbor has been notified that these drawings and/or plans are being submitted for approval.

1. Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**

Signature: _____ Address: _____

Telephone: _____ Date: _____

2. Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**

Signature: _____ Address: _____

Telephone: _____ Date: _____

3. Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**

Signature: _____ Address: _____

Telephone: _____ Date: _____

4. Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**

Signature: _____ Address: _____

Telephone: _____ Date: _____

Homeowner(s) Signature

Email/Telephone

**NOTE: Specific objections must be noted on the back of this form for committee consideration if neighbor is recommending disapproval. Neighbor objection does not, in itself, cause denial, however the Board of Directors may contact neighbors to determine their objections and if they are appropriate reasons to disapprove if necessary.

Completed Forms Must be Returned to:
Canyon Willow West Homeowners Association
c/o Epic Association Management
8712 Spanish Ridge Ave.
Las Vegas, NV 89148
Phone/Text: 702.767.9993
Email: general@epicamlv.com