## THE TRAILS AT SCOTTSDALE III / IV ARCHITECTURAL VARIANCE REQUEST FORM

Owner's Name:	Date:
Address:	Lot #:
Phone:	Email:
Variance Type:	
	tio Cover Fence ndscape Other:
<ol> <li>Please attach a copy of plans, paint sam (This can be blueprints, accurate drawin</li> </ol>	ples, and any notes or explanations. gs, or written narratives of the project details.)
The homeowner agrees to comply with permits prior to commencing work on the permits prior to commence the permits prior	all Scottsdale and Arizona laws and obtain all necessary he project.
3) All architectural variance requests will be	pe reviewed withing 30 days of receipt.
4) Please email or mail the request to: directors@Trails3-4.org The Trails III & IV HOA c/o ACC (or Architectural Control Comm PO Box 3691 Scottsdale, AZ 85271	nittee)
Homeowner Signature:	
Approved Denied Need M Reason if denied:	lore Information Date:
HOA ACC Signature #1: HOA ACC Signature #2:	
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