

Barrington HOA – Architectural Review Committee Submittal Form

Note: All improvements are subject to inspection upon completion

WHEN COMPLETED, RETURN TO:

Barrington HOA
c/o Metro Property Services
150 E. Alamo Dr., #3
Chandler, AZ 85225
(480)967-7182
(480)921-9031 (f)

Approved paint schemes can be found on the Dunn Edwards Website. www.dunnedwards.com/colors/archive/color-ark_pro.com. Enter in zip code- 85249 and select Barrington, Chandler.

Owner's Name: _____ Lot #: _____

Address: _____ Phone#: _____

Submittal Request for (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Children's Play Structure | <input type="checkbox"/> Basketball Pole Installation | <input type="checkbox"/> Walls |
| <input type="checkbox"/> Decorative Fountain | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Landscape Change |
| <input type="checkbox"/> Driveway and/or Concrete Extension | <input type="checkbox"/> Gutters/Downspout | <input type="checkbox"/> Patio Cover |

Paint* (Base, Trim, and Pop-out color must be specified in section 4 below)

*Ask HOA management for color pallet to choose from

Other: _____

Due to 8.5 Section in the Barrington CCRs an owner must certify that an improvement to his/her lot will not affect the drainage/retention area in the community and meets all City of Chandler requirements.

Section 8.5 In the Barrington CCR's states, Whenever drainage, as estimated by the Declarant, flows from one (1) Lot under or through one (1) or more other Lots, said drainage flow shall not be impeded, diverted or otherwise changed and shall constitute an easement upon, across, over and under the affected Lots or common Area. These easements shall include, but are not limited to, receiving the runoff from roofs and drainage under and through garden walls.

[] By checking the box and signing below I hereby certify and accept responsibility that the improvement on my lot will not affect the drainage/retention area in the community and will meet all City of Chandler requirements.

Signature _____

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1. Contractor Name and Address, if applicable:

Phone #:

License #:

2. Detailed description of work being performed:

3. Type of materials to be used:

4. Colors:

If Paint - Base:

Trim & Pop-out:

5. Other information:

Please note the following important information BEFORE returning this form for review by the Architectural Committee: Allow (30) days for approval.

This Change is to be completed within 60 days from date of approval, otherwise the approval shall be conclusively deemed to have lapsed and withdrawn.

1. An accurate drawing must be attached using your Lot dimensions showing the exact location of the proposed improvement(s).
2. Architectural requests will be approved, denied or returned for additional information as soon as possible after the review.
3. The Homeowner is referred to Article 3 of the Barrington Homeowner's Association CC&R's and the Association Architectural Guidelines.
4. The Homeowner agrees to maintain the improvement if approved by the board of Directors and/or the Architectural Control Committee. If in the view of the Board of Directors and/or the Architectural Control Committee the improvement is not being maintained, the Association has the right to maintain the improvement with the homeowner bearing all cost thereof or the improvement must be removed.
5. The Homeowner agrees to comply with all City and State laws and to obtain all necessary permits. Building permits are obtained from the City of Chandler.
6. **City of Chandler lot water retention requirements must be maintained.**
7. **The Change/Request for Alteration must be completed within 90 days.**

Homeowner Signature

Date

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Homeowner Signature _____

Date _____

(For Architectural Purposes Only)

The above-described architectural change is:

APPROVED **DISAPPROVED** **MORE INFO NEEDED**

Architectural Committee Review:

Name:	Date:	
Notes:		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> MORE INFO NEEDED

Name:	Date:	
Notes:		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> MORE INFO NEEDED

Name:	Date:	
Notes:		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> MORE INFO NEEDED

Board Member _____

Date _____