

REQUEST FOR DESIGN APPROVAL
Anderson Heights Master Association, Inc.
Architectural Control Committee

Please review the requirements, obtain your property plat, sketch of your proposed change or addition, and contact your adjacent neighbors prior to completing this form. Note: Once the Architectural Committee has APPROVED this request, you will receive a notification. At which time, you will be required to complete a Notice of Completion form.

(PLEASE PRINT)

Owner Name _____ Date: _____

Property Address _____

Mailing Address (if different) _____

Work Phone _____ Home Phone _____

Email Address _____

On page 2 of this form, describe the proposed changes or additions to your property. Please include a **copy of your property plat indicating the exact location of proposed change or addition; distance to property lines from proposed change or addition, dimensions of backyard property and relevant surrounding features.**

This request must also include a **sketch with the following information: style, dimensions, materials, color of the proposed change or addition, and the proposed construction time schedule and contractor, if any. Requests for repainting must include a color sample.**

Submitted material will not be returned. **Should the committee require additional information your request will be deferred until additional information is received.**

I, the applicant herein, certify and represent as follows:

1. I am the legal owner of the above described property.
2. I understand and agree that no work in this request shall commence until written approval by the Committee has been made. The Committee has thirty days to respond to any request.
3. Once approved, the construction must be completed in a way that does not unreasonably interfere with neighboring properties.
4. As the owner, I have full responsibility for removal of any debris resulting from construction in a timely manner.
5. Construction must meet all zoning, building codes, and City or County laws. For further information regarding zoning, call (505) 924-3850. For information on building permits call (505) 924-3963. Further, nothing herein contained shall be construed as a waiver or modification of any such code or law.
6. Where applicable, utility easements are to be marked before excavation is started. This service is provided free of charge by New Mexico One Call, and is a safety requirement. For location of underground communication, cable TV, electric, gas, water and sewer lines call New Mexico One Call at 260-1990 or (800) 321-2537 no later than two full business days before the day you plan to dig. Please note there may be a FINE if underground cables or conduits are severed.

I have read and agree to all of the conditions listed above, and I agree to abide by the decisions of the Architectural Committee. Misrepresentation of any items in this request, either oral or written, may void any approval by the Committee.

Owner Signature _____ Date _____

Submit this request to:
EnTrust Association Management; 2823 Richmond Drive NE; Albuquerque, NM 87107
To hand deliver, call first.
Phone (505) 266-2000 Fax (505) 266-0300

(PLEASE PRINT)

Describe proposed changes or additions (attach additional sheets if necessary):__

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The adjacent OWNERS have reviewed the proposed improvements. We understand that the neighbor objections do not in themselves cause denial. The Architectural Control Committee may contact neighbors to consider their objections if necessary.

(Printed Name) Address: _____ Circle: Approve / Object

(Signature)

(Printed Name) Address: _____ Circle: Approve / Object

(Signature)

(Printed Name) Address: _____ Circle: Approve / Object

(Signature)

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FOR OFFICE USE ONLY

Date Received: _____ Submitted to Architectural Committee on: _____

Action: ___ Approved ___ Denied ___ Conditional Approval

Decision Letter sent on: _____