## STARR PASS SHADOWS HOMEOWENRS ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE

C/O Bidegain Realty Inc., 8755 E. Broadway, Tucson, AZ. 85710 520-886-9877 or fax 520-886-8764

Please complete the following information and return to the above address or fax to the above number.

If you have any question, please feel free to call.

## ARCHITECTURAL REVIEW COMMITTEE SUBMITTAL FORM

Date		
Owner's Name:		
Address:		
Lot #	Phone	#
	CONTRACTOR (if applicable)	
Name:		
Phone #	Licens	e #
	DESCRIPTION OF WORK TO BE L	OONE
	TYPES OF MATERIAL TO BE US	ED
Color (s) to be used:		
	(include paint chips of colors chosen)	
Other Information: _		
	AWING MUST BE ATTACHED, USING YOU TION OF THE PROPOSED STRUCTURE. F	
must tie into the roof	line, an elevation of the proposed structure must	t also be attached.
	Committee requests will be reviewed as soon as n writing or returned for additional information.	
	COMMITTEE ACTION TAKEN	T