

Paint Application

Ahwatukee Board of Management (ABM)

4700 East Warner Road, Phoenix, AZ 85044
 Phone (480) 893-3502 Fax (480) 893-6634 www.ahwatukeehoa.com

Lot # _____	Subdivision _____	Date _____
Homeowner Name _____		Email address (required) _____
Mailing address _____		Property address _____
City _____	State _____	Zip Code _____
		Daytime phone # _____

***** See the back of this form for information on the paint application process and timeline. *****
Two of the paint manufacturer's color samples of each color desired must be included & labeled (minimum of 2" x 3" each)

	<u>Body</u>	<u>Trim</u>	<u>Accent</u>	<u>N/A</u>
ABM Color Scheme (if applicable) _____	Fascia (trim around roof line) _____ <input type="checkbox"/>	<input type="checkbox"/>		
Body Color Name/Number _____	Eaves/soffits _____ <input type="checkbox"/>	<input type="checkbox"/>		
Trim Color Name/Number _____	Gables _____	Must be painted the house body color		
Accent Color Name/Number _____	Front door _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> stained
Manufacturer/Brand _____	Security/Screen Door _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Paint Finish</u> (circle one) Satin Flat	Shutters _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trim around windows _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Pop-outs _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Trim around doors (excluding garage) _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Garage Door _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ARC approval	<input type="checkbox"/> factory
	Trim around garage door _____ <input type="checkbox"/>	<input type="checkbox"/>		
	Chimney _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Posts _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Beams _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Patio Cover _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Gate _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> stained
	Courtyard wall _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Facade - used brick, stone or slump block (circle one) _____ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Perimeter wall – stucco _____ <input type="checkbox"/>	<input type="checkbox"/>		
	– natural block _____ unpainted or painted Tukee Block color – other/corner _____ must be painted Baked Potato color			

Signature of Homeowner _____	By signing, I acknowledge that I have read and agree to all information on this application.
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OFFICE USE ONLY	
<input type="checkbox"/> APPROVED AS SUBMITTED – SEE COMMENTS Body: _____ Trim: _____ Accent: _____ Scheme # (if applicable): _____ <input type="checkbox"/> DISAPPROVED – SEE COMMENTS <input type="checkbox"/> Insufficient Information <input type="checkbox"/> Violation of Architectural Guidelines <input type="checkbox"/> Violation of CC&Rs <input type="checkbox"/> _____	Complete project by: _____ <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Comments: </div>
Appeals by the applicant must be made in writing to the ABM within 14 days of the date of denial. No exceptions.	_____ ABM Representative Date