COMMUNITY ASSOCIATION

Architectural Window Submittal Form   Account #: _____

The Architectural Review Committee (ARC) meets on the first Wednesday of each month; Submittals are due by the last Wednesday of each month. **Please include as much detail as possible**, this will help the Committee with your vision.
Please return completed forms to the onsite office; you may drop them off, mail, or email.
Onsite office hours are Monday-Friday from 9am-5pm. 825 S. Islands Dr. W., Gilbert, AZ 85233
Phone: 480-545-7740   Email: islands.compliance@fsresidential.com

Date: _____   **Owner's Name:** _____

Islands Address: _____Lake (if you live on one): _____

Phone Number: _____ **Email:** _____

Sub Association (if you pay two assessments): _____
Charter Point, Coral Reef, Costain, Laguna Shores, Paradise Cove, Sandcastle, Seawynds and The Falls must have Sub Association approval prior to submitting to The Islands. Please include your approval letter from your sub association.

Please provide specs, photos and additional information that accompanies the answers to the following:

- **Number of windows that will be replaced: _____**

- **Check box if all the windows on the home will be replaced.** ☐

- **Check box if you're changing the dimensions of your window(s).** ☐

- **How will the frames be installed (installation method to be used): _____**

- **What is the total frame width from glass pane to exterior edge: _____**

- **Color of frame to be used: _____**

- **If you're not replacing all the windows in one phase, please answer the following:**

    Number of windows on the front side of the house to be replaced: _____ out of _____ .

    Number of windows on the back side of the house to be replaced: _____ out of _____ .

    Number of windows on the right side of the house to be replaced: _____ out of _____ .

    Number of windows on the left side of the house to be replaced: _____ out of _____ .

    Number of glass doors to be replaced: _____ out of _____ .

Additional information:

_____

_____

_____

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Contractors Name and Address (if applicable)

_____

Telephone_____ **License #**_____

Submittals should include the following: site plans clearly showing the big picture (entire lot) including orientation and relativity to other neighbors, lakes etc.   In addition, there should be a zoomed-in detail of exactly what exists now (pictures) and what changes are proposed (drawings, if appropriate). All building material specifications and samples should be supplied. **INCOMPLETE SUBMITTALS WILL BE DENIED**. Architectural Review Committee requests will be approved, approved with stipulations, denied, or returned for additional information as soon as possible after the review.

The homeowner agrees to maintain improvement, if approved by the Architectural Review Committee. If, in the view of the Architectural Review Committee, the improvement is not being maintained, the Association has the right to maintain the improvement with the homeowner bearing all cost thereof.

The homeowner agrees to comply with all Town and State Laws, and to obtain the necessary permits. Approval by the Architectural Committee shall not be deemed a warranty or representation as to the quality of such construction, installation, addition, alteration, repair, change or other work, or that work conforms to any applicable building codes or other federal, state, or local lay, statue, ordinance or rule regulation.

The applicant shall complete the construction within one hundred twenty (120) days of the date of the building permit from the Town of Gilbert. Homeowner modifications or alterations that do not require a building permit must be completed within one hundred twenty (120) days of commencement of the modification or alteration, as approved by the ARC. If the construction has commenced but is not completed, the Association shall have the right to assess the owner for the cost of completion and to collect such costs as provided for in the CC&Rs.

For additional information, please refer to The Islands CC&Rs and The Islands Architectural Guidelines, which may be found at islandscommunity.org or the onsite office at 825 S. Islands Dr West, Gilbert, AZ 85233.

_____

Signature of Owner   **Date**

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For Architectural Review Committee Purposes Only

[ ] Administratively Approved by _____ On this day: _____

[ ] ARC Approved on this day: _____

[ ] ARC Disapproved on this day: _____

[ ] ARC Approved with Stipulation on this day: _____with the following stipulation:

_____

THE ISLANDS

COMMUNITY ASSOCIATION

Legend

Use an "X" symbol to indicate the location of window(s) NOT being replaced in the diagram(s) below.

Use an "O" symbol to indicate the location of window(s) being replaced in the diagram(s) below.

Use an "/" symbol to indicate the location of window(s) with dimensions changes in the diagram(s) below:

Rear

Left	First Story	Right

Front

Rear

Left	Second Story (If Applicable)	Right

Front