

Desert Highlands Homeowners Association

Professionally Managed by:
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APPLICATION TO DESERT HIGHLANDS HOMEOWNERS' ASSOCIATION

**** NOTICE - NO IMPROVEMENTS SHALL COMMENCE UNTIL WRITTEN APPROVAL
IS RECEIVED**

DATE: _____

NAME: _____

ADDRESS _____

PHONE NUMBER _____

DESCRIPTION OF ARC REQUEST

ITEM _____

MATERIAL _____

COLOR _____

SIZE _____

LOCATION _____

ANY OTHER EXPLANATION _____

Signed By: (Owner) _____

Date: _____

****This application must be accompanied with a map or drawing clearly identifying the
item(s) requested. Brochures and photos are also helpful. ****

Plans Approved: _____

Plans Denied: _____

Notes: _____

Signed By: _____

Date: _____