## Design Review Request Form

Name of	the Association and District if applicable:	Date Si	Submitted:Date Expected to Complete
Homeov	vner(s) name:		
Address	:		
Mailing A	Address (if different from above)		
Phone: _	Email:		_
l.	Design Review Request for (Check appropriate item	n below)	
	*Change in exterior materials (color, siding, roof, windows, etc.)  Deck or wall  Structure or storage shed  Play structure  Landscaping		Other improvements (hot tubs, permanent trellis/arbors, etc.) Dog run Solar collectors Water feature (pond, fountain, waterfalls)
	Satellite Dish  Fence *ACC approval is required ONLY if deviating from originally installed material, color, location or type.		
II.	Color(s) Dimensions: Location: Material and other details (provide samples or brochures): Contractor or vendor to be used:		
III.	Is a Variance (exception to Guidelines) requested?   YES   NO Variances may ONLY be granted to overcome practical difficulties and prevent unnecessary hardship. If a variance is requested, please describe the variance and explain the difficulties/hardship that necessitates this appeal.		
IV.	Attach the following with application submittal:  1. Site Plan showing: lot dimensions; outline of home and garage with setbacks; names and positions of adjacent streets/alleys; dimensions of improvement (height, width, depth), with setbacks to all boundaries; and an indication of North.  2. Visual(s) of improvement such as; drawing, photo, brochure/ad, paint swatch (es), material samples, etc.  3. Building Plans, if the improvement is a new or modified building/structure.  NOTE: It is the Owners obligation to check with the Town/County/City and obtain a building permit if it is required for the improvement.		
received local/cod approva	from the Association before proceeding with the improvenunty building departments, and I may be required to obtain	ments. / understand n a building permit.	Federal, State and County regulations, and approval must be and that Association approval does not constitute approval of t. I agree to complete improvements in a timely manner after request is marked "complete" to review it. You will be notified
НОМЕО	WNER SIGNATURE		DATE:
Commit	tee		
□ Reque	est Approved est approved conditionally est denied		
•	nce granted as described above □ variance denied	Reviewed by:	on
		Completion dat	ate required by:

P.O. Box 370750, Denver, CO 80237









