

Carriage Homes at Stapleton Association Design Review Request Form

NAME: _____

ADDRESS: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

The following type of improvement/change is hereby requested (Check one):

*DRC approval only required if deviating from the original installed material, color, location or type

**Variance from required guidelines or rules and regulations

- | | |
|---|---|
| <input type="checkbox"/> Windows* | <input type="checkbox"/> Exterior Light Fixtures* |
| <input type="checkbox"/> Colors* | <input type="checkbox"/> Any penetration to the building |
| <input type="checkbox"/> Solar Collectors/Evaporative Coolers | <input type="checkbox"/> Air Conditioner** |
| <input type="checkbox"/> Satellite Dishes** | <input type="checkbox"/> Common Area (Landscaping, etc.) (alteration or addition) |
| <input type="checkbox"/> Exterior deck/balcony | <input type="checkbox"/> Additions or Architectural Style Change |
| <input type="checkbox"/> Other _____ | |

Note: If more than one type of improvement is requested, describe all using additional sheet as necessary.

Describe Improvement: (attach a picture, drawing, site plan, brochure, etc. of the proposed improvement)

Proposed Completion Date: _____

I/We understand that approval of the Design Review Committee is required in advance to proceed. I/We also understand that the DRC approval does not constitute approval of the Master Community Association at Stapleton's Residential Renovation and Remodeling Design Review Committee or local City/County building departments and that a Building Permit may be required. I/We agree to complete all proposed improvements promptly after receiving DRC approval. Completion of Improvement is required by the proposed date shown above. I/We have read these instructions and shall comply accordingly.

Homeowner Signature _____ Date _____

FOR OFFICE USE ONLY

Carriage Homes at Stapleton Association DRC ACTION:

- **Approved** • **Approved subject to** • **Denied because:**

Carriage Homes at Stapleton Association DRC Member Signature _____ Date _____

If required: **Master Community Association at Stapleton's RRDR ACTION:**

- **Approved** • **Approved subject to** • **Denied because:**

Master Community Association at Stapleton RRDR Member Signature _____ Date _____

If you have not received written notice confirming receipt of this application seven days following submission, please contact Colorado Property Management Group at (303) 671-6402 x 27

Submit requests to:

Colorado Property Management Group.; 2620 S Parker Rd; Suite 105; Aurora, CO 80014; (303) 671-6402; (303) 671-6430 (fax)