

FORMS

PARK VIEW HIGHLANDS HOMEOWNERS ASSOCIATION, INC.
DESIGN REVIEW COMMITTEE
EXTERIOR PAINT REQUEST FORM

Name _____ Phone _____ Date _____

Address _____

Colors Currently on Your Home:

(Brick) _____

(Field) _____

(Trim) _____

(Accent) _____

Neighbors Home Colors:

(Brick): _____

(Brick): _____

(Field): _____

(Field): _____

(Trim): _____

(Trim): _____

(Accent): _____

(Accent): _____

Note: Please do not choose colors too close to your neighbors' colors.

Your Choices: (Field): _____

(Trim): _____

(Accent): _____

Dates: Date Painting Will Begin: _____

Completion: _____

NOTE: Please return 4 copies of this form (+ 4 sets of color samples if requesting non-original builder colors) to:

Park View Highlands HOA
The Colorado Property Management
Group
2620 S. Parker Rd. Suite 105
Aurora, CO 80014

PARK VIEW HIGHLANDS HOMEOWNERS ASSOCIATION, INC.
DESIGN REVIEW COMMITTEE

ACCESSORY BUILDING REQUEST FORM

Name _____ Date _____

Address _____

Phone (work) _____ (home) _____

Dates (approx) building will begin _____ end _____

DETAILS FROM YOUR PLANS:

1) MEASUREMENTS: Height _____
Length _____
Width _____

2) Is the siding material the same as your house ? _____

3) Is the roofing material the same as your house ? _____

4) Is it painted to match the field and trim colors on your house ? _____

5) Are the details (trim boards) consistent with your house ? _____

6) Does the pitch of the roof match your house? _____

7) Have you provided space around the accessory building, or made design considerations, that will allow for future maintenance (repainting) ? _____

PLEASE ATTACH YOUR PLANS (MEASUREMENTS ARE NEEDED) & A MATERIALS LIST

1) BIRDS EYE PLAN OF ENTIRE LOT SHOWING WHICH NEIGHBORS OR STREETS WILL SEE THE ACCESSORY BUILDING.

2) SIDE DRAWINGS SHOWING VIEW SEEN BY NEIGHBORS & FROM STREET WHERE AFFECTED.

PLEASE RETURN 4 SETS OF THIS FORM AND PLANS TO:

Park View Highlands Homeowners Association, Inc.

Park View Highlands HOA

The Colorado Property Management
Group
2620 S. Parker Rd. Suite 105
Aurora, CO 80014

**PARK VIEW HIGHLANDS HOMEOWNERS ASSOC.
DESIGN REVIEW COMMITTEE
REQUEST FOR APPROVAL**

DATE RECEIVED BY _____
 PROKOPIAK MANAGEMENT: _____
 DATE SENT TO DRC: _____
 CRITICAL DATE: _____

Homeowner Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

My request involves the following type(s) of improvement(s): (Check all that apply)

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Basketball Backboard | <input type="checkbox"/> Fencing | <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Deck/Patio Slab | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Room Addition | <input type="checkbox"/> Security Door |
| <input type="checkbox"/> Dog Run | <input type="checkbox"/> Painting | <input type="checkbox"/> Roofing | <input type="checkbox"/> Window(s) |
| <input type="checkbox"/> Drive/Walkway Addition | <input type="checkbox"/> Patio Cover | <input type="checkbox"/> Sauna/Hot Tub | <input type="checkbox"/> Wall(s) |
| <input type="checkbox"/> Other _____ | | | |

Describe Improvement and Submit 4 copies of this form and any attached plans:

Anticipated Date of Completion: _____

I understand the approval of the Design Review Committee must be obtained before I can proceed with my project. I understand that approval by the DRC does not constitute approval of the local building department and that I may also be required to obtain a building permit. I agree to complete improvements promptly after receiving approval from the DRC. I have read the Design Review Standards manual and will comply with all requirements.

Homeowner's Signature: _____ Date: _____

DESIGN REVIEW COMMITTEE ACTION NEEDED BY: _____

DRC ACTION	1) _____	2) _____	3) _____	4) _____
Approved As Submitted:	_____	_____	_____	_____
Approved With Conditions:	_____	_____	_____	_____
Disapproved As Submitted:	_____	_____	_____	_____

Conditions For Approval Include the Following:

Reasons for Disapproval Include the Following:

DRC Member Signature: _____ Date: _____

(Return form to Prokopiak & Park View Highlands HOA
 The Colorado Property Management
 Group
 2620 S. Parker Rd. Suite 105
 Aurora, CO 80014



SCHEMATIC FIGURES