

## Rowley Downs Homeowners Association Architectural Review Committee Request for Approval

Date Received by Branch Office:\_\_\_\_\_

Please fax form to: 866-919-5696 Email form to ROWLEY@CIRAMAIL.COM

Or Mail to: RealManage

23 Inverness Way E STE 200 Englewood, CO 80112

| Homeowner's Name:  |             |
|--|-------------|
| Address:   |             |
| Home Phone: (  | Cell Phone: |
| Email Address:   | -           |
| Building Permit applied for?YesNo  | N/A         |
| Please mark type of request:  Landscape Play Structure or Sporting Equipment (Permanent or Temporary Utility Shed Pawning Dog run Exterior Lighting Deck Fencing Replacement Doors/Windows Gazebo/pergola Spa/Hot tub Painting Satellite Dish Patio/ Patio Cover or Enclosure Roofing Other  |             |
| Details:   |             |
| Please include a sample of all improvements! Include a plot plan and the details where this improvement will be done within the plot plan. Give as much detail as possible and do not estimate. Locates will be required for all landscape improvements, concrete work, installation of anything going into the ground and proof must be provided. Also include the color paint chip/swab/swatch, roofing shingle color and product information, siding sample, solar screen sample, etc.  In signing this application I certify that all the information provided by me in connection with my application, whether on this form or not, is true and complete. I understand that any misstatements, falsification or omission of information shall be grounds for denial of this application.  I further understand that the Design Control Committee has Thirty (30) days upon receipt to review my application and I agree not to begin property improvements or modifications until the Committee notifies me, in writing of their decision. HOA approval does not substitute for any County/State required permits. Owner is responsible for adhering to all Local/County/State guidelines.  I have answered truthfully, all questions pertaining to the proposed mentioned improvement or modification and I have attached all samples, plans and permits required. Work must be completed within 6 months of approval being granted or a new application will be required. |             |
| Signed:  | Date:       |

NOTE: Please make sure that your plans are complete with all needed materials. Incomplete plans will be denied and returned.



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## ARCHITECTURAL REVIEW COMMITTEE USE ONLY Recommendations of the Committee: APPROVED AS SUBMITTED ACTION TAKEN APPROVED AS AMENDED BELOW DISAPPROVED FOR REASON(S) NOTED BELOW Comments/ Conditions/ Reason for Denial: ACC Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_