



HIGHLANDS RANCH

COMMUNITY ASSOCIATION

APPLICATION FOR APPROVAL

SUBMISSION TO ARCHITECTURAL REVIEW COMMITTEE

Fee: \$ _____
CC/Check/Cash

A. GENERAL INFORMATION:

Date: _____

Homeowner Name: _____

Property Address: _____

Sub-Association: _____ Single Family Home Duplex

Mailing Address (if different from property): _____

Phone Number: _____ Email: _____

B. MY REQUEST INVOLVES THE FOLLOWING TYPE OF IMPROVEMENT:

- | | |
|--|---|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Painting (if so, fill out Section D below) |
| <input type="checkbox"/> Paving - Driveway/Walkway/Slab | <input type="checkbox"/> Deck/Patio |
| <input type="checkbox"/> Play Equipment/BB Hoop/Sports Court | <input type="checkbox"/> Roofing (if so, fill out Section E below) |
| <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Deck or Patio Cover/Pergola |
| <input type="checkbox"/> Storage Shed/Chicken Coop | <input type="checkbox"/> Commercial Vehicle |
| <input type="checkbox"/> Awning/Trellis/Arbor | <input type="checkbox"/> Solar Energy |
| <input type="checkbox"/> Fencing/Gate | <input type="checkbox"/> Other: _____ |

C. DESCRIPTION OF WORK (INCLUDE NATURE, KIND, COLOR, AND LOCATION OF PROPOSED IMPROVEMENT):

D. PAINT FORM FOR EXTERIOR PAINT (ONLY FILL OUT IF APPLICABLE)

- For custom mixed colors, include a sample of the requested paint color(s).
- Are the requested colors existing on the home: Yes No

Brand Name(s)	Color Name	Color Code
Base/Body		
Trim		
Accent		
Accent Location	<input type="checkbox"/> Front Door <input type="checkbox"/> Shutters <input type="checkbox"/> Roofline/Fascia <input type="checkbox"/> Corbels	

E. ROOFING FORM (ONLY FILL OUT IF APPLICABLE)

Existing Material		
New	Manufacturer :	Model:
Product	<input type="checkbox"/> Asphalt <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Stone coated Steel	
Warranty	<input type="checkbox"/> Lifetime <input type="checkbox"/> 50yr <input type="checkbox"/> 40yr <input type="checkbox"/> 30yr <input type="checkbox"/> 25yr <input type="checkbox"/> Other:	
Color		

F. ATTACHMENTS:

- | | |
|---|--|
| <input type="checkbox"/> Samples or description of colors | <input type="checkbox"/> Sample of _____ material(s) |
| <input type="checkbox"/> Specifications (e.g. manufacturer's) | <input type="checkbox"/> Elevation drawings |
| <input type="checkbox"/> Construction Plans | <input type="checkbox"/> Architectural drawings |
| <input type="checkbox"/> Photographs of existing condition | <input type="checkbox"/> Plot Plan |

I understand that I must receive written approval of the Architectural Review Committee in order to proceed. The Architectural Review Committee approval does not constitute approval of the local building or zoning department, drainage design or structural or engineering safety and/or soundness. I understand that I may be required to obtain building or other permits and approvals prior to the commencement of any work. I agree that my failure to obtain required building or other permits and approvals will result in the withdrawal of the Architectural Review Committee's approval.

I further agree not to alter existing drainage patterns on the Lot without the express approval in writing by the Architectural Review Committee. Upon completion of my improvement, I hereby authorize the Architectural Review Committee or its delegate to enter onto my property for exterior inspection at a mutually agreed upon time, if requested. I agree that my refusal to allow inspection may result in the withdrawal of the approval.

I further agree that if, at any time during the process, the Architectural Review Committee requests to enter onto the Lot or requests further information to determine if the improvement is being constructed in accordance with the approved plan and in compliance with the covenants, I will comply with the request. I agree that my failure to comply with the request shall result in withdrawal of the approval. I further understand that the Association may request additional information prior to reviewing this request. In addition, I agree that my failure to start or complete the improvement within one (1) year shall result in withdrawal of the approval unless an extension is requested in writing and approved in writing.

PLEASE CHECK IF YOU ARE RESPONDING TO A NON-COMPLIANCE LETTER. DATED: _____

Submitted by: Homeowner / Contractor

Signature: _____

DECISION OF THE ARCHITECTURAL REVIEW COMMITTEE

- APPROVED
- CONDITIONALLY APPROVED WITH THE FOLLOWING PROVISIONS:*

- PARTIAL:

- DENIED FOR THE REASON(S) STATED BELOW:

- Improvement does not comply with applicable provisions of declaration of covenants, conditions, and restrictions section(s): _____
- Improvement is not reasonably suitable for the lot or in harmony with surrounding structures.
- Not an approved exterior paint color. Suggested Colors:

	Color Name	Color Code
Base/Body		
Trim		
Accent		
Accent Location	<input type="checkbox"/> Front Door <input type="checkbox"/> Shutters <input type="checkbox"/> Roofline/Fascia <input type="checkbox"/> Corbels	

- Inadequate:

ARC Member: _____ Date: _____