

# MOUNTAIN SHADOWS NORTH HOA

C/O Flagstaff Management, Inc.

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## DESIGN REVIEW REQUEST

HOMEOWNER \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ E-Mail \_\_\_\_\_

### PLEASE INDICATE THE TYPE OF IMPROVEMENT THAT YOU ARE REQUESTING:

- |   |  |
|---|--|
| <input type="checkbox"/> Cement Work (Driveway, Patio Slab, etc.) | <input type="checkbox"/> Deck, Patio cover   |
| <input type="checkbox"/> Exterior Changes (Enclose plans)         | <input type="checkbox"/> Fencing   |
| <input type="checkbox"/> Landscaping (Enclose plans)              | <input type="checkbox"/> Painting - MUST paint 2' x 2' sample of each color on front of house and submit paint samples |
| <input type="checkbox"/> Building Additions (Enclose plans)       | <input type="checkbox"/> Please label each color (Trim, Accent, Body, Door)  |
| <input type="checkbox"/> Other (Roof, etc.)                       |  |

If you are not enclosing plans for your request, please describe the improvements that you are requesting. You must submit a city building permit with your construction plans.

I understand that I **MUST** obtain approval of the Architectural Review Committee before I commence any improvements. I understand that, per the Covenants for Mountain Shadows HOA, the committee has 30 days from the receipt date of the request to come to a decision. **DO NOT** begin ANY improvements/changes without approval. I understand that this approval does not relieve me of my responsibility to obtain building permits from the City of Firestone, if required.

You must submit a copy of any required **permits** with your drawings or landscape plans.

If you are not enclosing plans for your request, please describe the improvements that you are requesting.

I understand that I must obtain approval of the Architectural Review Committee before I commence any improvements. I understand that this approval does not relieve me of my responsibility to obtain building permits from the City of Firestone, if required.

Homeowner \_\_\_\_\_ Date \_\_\_\_\_ Projected Completion Date \_\_\_\_\_  
Signature

### Architectural Review Committee Action:

- |  |  |
|--|--|
| <input type="checkbox"/> Approved as submitted                           | <input type="checkbox"/> City Permits are included |
| <input type="checkbox"/> Approved with the Following Changes. See below. | <input type="checkbox"/> Copy of Permits required  |
| <input type="checkbox"/> Disapproved                                     | Must be completed by: _____                        |

Architectural Review Committee \_\_\_\_\_ Date \_\_\_\_\_