

Quail Crossing 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.

- Deck, Patio cover
- Exterior Changes (Enclose plans)
- Landscaping (Enclose plans)
- Other

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 Longmont, if required.

Homeowner _____ Date _____ Projected Completion Date _____
Signature

Architectural Review Committee Action:

- Approved as submitted
 - Approved with the following Changes.
 - Disapproved
- Must be completed by: _____

Architectural Review Committee _____ Date _____
Signature