

SUNDIAL HOA

C/O Flagstaff Management, Inc.
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DESIGN REVIEW REQUEST

HOMEOWNER _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CITY, STATE, ZIP _____ EMAIL: _____

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) | |

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