

STARWOOD HOA

C/O Flagstaff Management, Inc.

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Longmont, CO 80501

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DESIGN REVIEW REQUEST

HOMEOWNER _____

HOME PHONE _____

ADDRESS _____

WORK PHONE _____

CITY, STATE, ZIP _____ E-Mail _____

THE FOLLOWING REQUEST IS BEING MADE: Please be specific. Supply diagram/maps of your plan indicating location and description of item(s) requested, color samples, etc., if applicable.

Estimated Start Date _____ Estimated Completion Date _____

I/We understand that I/we must obtain approval from the Association in order to proceed. I/We understand the Association approval does not constitute approval on the local building department and that I/we may be required to obtain a building permit. I/We agree to complete improvements promptly after receiving approval.

Homeowner _____ Date _____ Projected Completion Date _____

Signature

THE DECISION OF THE COMMITTEE SHALL BE MADE WITHIN 30 DAYS AFTER RECEIPT BY THE COMMITTEE OF ALL MATERIALS REQUIRED UNLESS SUCH TIME PERIOD IS EXTENDED BY MUTUAL AGREEMENT.

Architectural Review Committee Action: _____ Date Received: _____ By _____

Date Sent to Committee _____

() Approved as submitted _____ Must be completed by: _____

() Approved with the following Changes.

() Disapproved-Additional information required

() Disapproved

Architectural Review Committee _____ Date _____

Signature