

FOOTHILLS ESTATES HOA

C/O Flagstaff Management, Inc.
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DESIGN REVIEW REQUEST FOR HOME IMPROVEMENTS

HOMEOWNER _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CITY, STATE, ZIP _____ E-Mail Address _____

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. If dust or excessive noise will occur during the improvement, how will you minimize the impact on your neighbors? It is a good idea to inform your immediate neighbors about the work that will take place and the duration of that work. Any additional sewer connections are required to be connected to the existing service line prior to the sewer main. **PAINTING:** Paint colors must be approved by ARC before work can begin. You **MUST** paint a 2'x 2' swatch on the house itself so the ARC can see it in person.

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 _____
Signature

THE DECISION OF THE COMMITTEE SHALL BE MADE WITHIN 30 DAYS AFTER RECEIPT BY THE COMMITTEE. 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 – See Page 2

() Disapproved-Additional information required – See Page 2

() Denied

Architectural Review Committee _____ Date _____
Signature