

GATEWAY PARK HOA

C/O Flagstaff Management, Inc.
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DESIGN REVIEW REQUEST

HOMEOWNER _____

HOME PHONE _____

ADDRESS _____

WORK PHONE _____

CITY, STATE, ZIP _____ E-Mail Address _____

PLEASE INDICATE THE TYPE OF IMPROVEMENT THAT YOU ARE REQUESTING.

- | | |
|---|--|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Deck/Patio Slab |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Patio Cover |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Drive/Walk Addition | <input type="checkbox"/> Room Addition |
| <input type="checkbox"/> Basketball Backboard | <input type="checkbox"/> Other |

Please describe the improvements that you are requesting (attach additional documentation as needed.)

I understand that I must obtain approval of the Association before I commence any improvements. I understand that Association approval does not relieve me of my responsibility to obtain building permits from the City of Longmont, if required. I understand that my improvements must be completed per specifications or approval is withdrawn.

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