

MONTE CIELO 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 Address _____

PLEASE INDICATE THE TYPE OF IMPROVEMENT THAT YOU ARE REQUESTING.

Painting

Deck/Patio Slab

Landscaping

Patio Cover

Fencing

Roofing

Drive/Walk Addition

Room Addition

Basketball Backboard

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 I understand that my improvements must be completed per specifications or approval is withdrawn.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

Must be completed by: _____

Approved with the following Changes.

Disapproved

Architectural Review Committee _____ Date _____
Signature