

MOUNTAIN SHADOWS FIRESTONE HOA

C/O Flagstaff Management, Inc.

2030 Terry St Suite 104

Longmont, CO 80501

Phone: 303-682-0098 • Fax 303-682-1111

Website: www.flagstaffmanagement.com, email: fmc900@flagstaffmanagement.com

DESIGN REVIEW REQUEST

HOMEOWNER _____ HOME PHONE _____
ADDRESS _____ WORK PHONE _____
CITY, STATE, ZIP _____ E-Mail _____

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) | <input type="checkbox"/> Please label each color (Trim, Accent, Body, Door) |
| <input type="checkbox"/> Other (Roof, etc.) | |

If you are not enclosing plans for your request, please describe the improvements that you 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 Mountain Shadows 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 Firestone, if required.

You must submit a copy of any required **permits** with your drawings or landscape plans.

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

I understand that I must obtain approval of the Architectural Review Committee before I commence any improvements. I understand that this approval does not relieve me of my responsibility to obtain building permits from the City of Firestone, if required.

Homeowner _____ Date _____ Projected Completion Date _____
Signature

Architectural Review Committee Action:

- | | |
|--|--|
| <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> City Permits are included |
| <input type="checkbox"/> Approved with the Following Changes. See below. | <input type="checkbox"/> Copy of Permits required |
| <input type="checkbox"/> Disapproved | Must be completed by: _____ |

Architectural Review Committee _____ Date _____