NAME OF ASSOCIATION

ARCHITECTURAL COMMITTEE (AC) IMPROVEMENT REQUEST

THE COLORADO PROPERTY MANAGEMENT GROUP, INC.

2620 S. Parker Rd., Suite 105 Aurora, CO 80014 303-671-6402 Fax: 303-671-6430

FOR OFFICE USE ONLY

Date Received
Critical Date
Date Sent to AC
Date Received From AC
Rep

Name:				
		Home Phone:tate:Work Phone:		
City	State:			
Mailing address if differ	ent than proposed improvement(s)		
My request involves	s the following type of impro			
Painting		Roofing	Drive/Walk Addition	
Landscaping	Patio Cover			
Fencing	Other			
-		_	ape plans, fence layout, and other	
Planned Completio	n Date:			
approval does not con permit. I agree to get a construction begins. maintain proper drain landscape or building	nstitute approval of the local buany permits that may be required agree to complete improvemage away from my foundation improvements. Upon the control Colorado Property Managements	uilding department and that ed for this improvement from nents promptly after receiv and not impede proper dra appletion of my improvemen	rder to proceed. I understand that AC t I may be required to obtain a building m the City, County, and/or State before ing approval. I understand that I shall inage swales on my lot when installing ht, I hereby authorize the Architectural y property for exterior inspection at a	
Date	Homeowner's Signature	9		
STUDY PERTAINING		GE OF BOTH IRRIGATION	OR NEIGHBORING LOTS. CAREFUL N AND STORM DRAINAGE SHOULD NDIVIDUALS.	
AC Action: Approved as Subr Approved subject t	nitted. o the following requirements:_			
Disapproved:				
Architectural Commit	tee Member		Date	