

Design Review Request
Metro Property Management
10800 E. Bethany Dr. Ste. 235
Aurora, CO 80014
Office Number: 303-309-6220
Fax Number: 303-309-6222

FOR OFFICE USE ONLY

Date Received _____
Crucial Date _____
Date Sent To Committee _____
Date Rcvd from Committee _____
Review Fee _____

Name of Association: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____

Mailing address if different than proposed improvement(s): _____

My Request involves the following type of improvement:

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

Describe improvements (attach additional documentation as needed):

I understand that I must receive approval of the Association in order to proceed. I understand that Association approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I agree to get any permits that may be required for this improvement from the City, County, and/or State before construction begins. I understand that I shall maintain proper drainage away from foundation and impede proper drainage swales on my lot when installing landscape or building improvements. I understand that my improvements must be completed per specifications or approval is withdrawn. I agree to complete improvements promptly after receiving approval.

Date: _____ Homeowner's Signature: _____

THIS APPROVAL DOES NOT APPLY TO DRAINAGE FROM YOUR LOT OR NEIGHBORING LOTS. CAREFUL STUDY PERTAINING TO THE PROPER DRAINAGE OF BOTH IRRIGATION AND STORM DRAINAGE SHOULD BE MADE OF YOUR LOT AND YOUR NEIGHBOR'S LOTS BY QUALIFIED INDIVIDUALS.

Committee Action:

- Approved as submitted
- Approved subject to the following requirements:
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-
- Disapproved for the following reasons:

Completion required by: _____

Committee Member Signature: _____ Date: _____