

REQUEST FOR APPROVAL – ARCHITECTURAL/DESIGN REVIEW APPLICATION

Cherrywood Park III Homeowners Association, Inc.

c/o 4 Seasons Management Group, LLC | 9351 Grant Street; Suite 110 | Thornton, CO 80229 | (303) 952-4004

Name: _____

Address: _____

Home/Work Phone: _____

Email Address: _____

My request refers to the following types of improvement(s): (check all that apply)

- Landscaping, Deck/Patio Slab, Room Addition, Walls-Retaining, Shed/Greenhouse, Deck/Patio Cover, Play Equipment, *Paint Color Scheme #, Body, Trim, Punch

Allow up to 45 Days for Architectural Design Review. Projects must be approved prior to commencing work.

ATTACH PLANS & SPECIFICATIONS – include height, width, depth, types of materials, color, location, relation to property line/fencing/neighbor, paint brand, color name and number color, placement and samples as required, and other information pertinent to the request.

Approval is based on conformance with the Declaration of Covenants, and aesthetic concerns. No representation is made of approval of structural integrity. Drainage issues and existing slopes are crucial elements of exterior changes and should be strongly considered in the installation of any materials.

I understand the approval of the Architectural Review Committee must be obtained before I can proceed with my project. I understand that approval by the ARC does not constitute approval by the local building department or any other agency which may require prior approvals. I understand I may be required to obtain permits, licenses, pay fees or obtain other professional opinions and/or certifications. I agree to complete all improvements as they are submitted and understand that I must submit my request if modifications to these plans become necessary. I agree to complete the improvements promptly and in a good workmanlike manner.

I am painting my home and will not be painting a similar color to the home to homes immediately adjacent to my house (right, left or across the street).

I understand that if it is determined by the Committee/Board that the colors are similar, I may be subject to repainting my home.

Homeowner's Signature: _____ Date: _____

THIS AREA TO BE FILLED OUT BY ARCHITECTURAL REVIEW COMMITTEE

Date Received by ARC: _____ Date Approved or Denied by ARC: _____

Approved as Submitted Approved with Conditions Denied as Submitted

Signature: _____

Signature: _____

* Project must be completed within 1 year of above approval date unless noted otherwise by the Committee. * Date required to be completed _____

Conditions for Approval (use reverse side if necessary):

Reasons for Denial (use reverse side if necessary):

Final inspection of the project may be required by ARC Required Yes NO Revised 04-2015