

ARCHITECTURAL/DESIGN REVIEW REQUEST

c/o Harmony Management Group, Inc.

P.O. Box 16303

DENVER, COLORADO 80216

(720) 255-2990 (720) 207-5975 Fax

Email – info@harmonymanagement.biz

FOR OFFICE USE ONLY

Date Received _____

Crucial Date _____

Date Sent to Committee _____

Date Rcvd From Committee _____

CM _____

ARCHITECTURAL APPROVALS ARE GRANTED PURSUANT TO THE APPLICABLE COVENANTS, CONDITIONS AND RESTRICTIONS (CC&R's) and Declaration. It is the responsibility of the owner to ensure their project is compliant with all CC&R's, Declarations, Charters, Association Policies, Architectural Guidelines, and Rules and Regulations, as applicable. **PLEASE NOTE, THE BOARD OR COMMITTEE HAS 30 DAYS TO REVIEW AND RESPOND TO ALL REQUESTS**

For the Owner: Please completely fill out Sections 1, 2, 3 and 4 below for your submittal. Leave no line blank.

If question does not apply to your request, please indicate with "Not Applicable" or "N/A".

~Important Note: Beginning work prior to approval may subject the applicant to corrective measures by the Association, including removal and/or restoration of the project at the Owner's expense.

SECTION 1 – GENERAL INFORMATION

Name of Association: _____

Owner's Name(s): _____ Date: _____, 20__

Project Address: _____ Lot #: _____

Best Contact Number: (_____) _____ - _____ Email Address _____

SECTION 2 – ARCHITECTURAL REVIEW REQUEST SPECIFICS

TYPE OF ADDITION OR CHANGE(S) REQUESTED:

Structural or Cosmetic

DETAILED DESCRIPTION OF PROJECT AND/OR IMPROVEMENT:

DOES YOUR PROJECT REQUIRE A PERMIT: YES NO

DOES YOUR PROJECT REQUIRE A DUMPSTER: YES NO

ESTIMATED DATE OF COMPLETION: _____, 20__

NAME OF COMPANY/CONTRACTOR EXPECTED TO PERFORM WORK: _____

Note: It is the responsibility of the owner to ensure their contractors are properly licensed, insured and that they adhere to all association rules and regulations while they are working in the community.

ADDITIONAL REQUIREMENTS

1. Attach a copy of your lot layout showing the exact location of the proposed improvement(s)
2. Impervious square footage should be included for any exterior improvements and installations
3. For fencing requests, mark your lot layout clearly and show any existing fencing

4. If your project involves digging, landscaping installation or alterations, your project(s) must not negatively impact drainage to adjacent lots or common areas
5. Please provide proof of utility locates if digging is required
6. Measurements from existing structures and property lines must be shown
7. Additional illustrations or information may be required by the Board or Committee, if necessary, for adequate review and consideration

SECTION 3 – ATTACHMENTS FOR THIS REQUEST

ENCLOSED ATTACHMENTS: (Check all that apply)

___ Surveyor Plot Plan ___ Specification Sheet ___ Drawing(s) ___ Product or Manufacturer’s Brochure(s)
 ___ Product / Paint Sample(s) ___ Other Supporting Documents/Information

SECTION 4 – ACKNOWLEDGEMENTS AND SIGNATURE (REQUIRED)

I fully understand and agree:

1. Work on the project has not, nor will be, started until approval is received in writing from Harmony Management Group or the ARC Committee.
2. I understand that my improvements must be completed per specifications or approval is withdrawn.
3. I am responsible for the timely completion of the project and the prompt removal of any related debris. Refer to HOA Guidelines for specific project timeline requirements, if applicable.
4. It is my responsibility to comply with *the zoning, building codes laws, etc., of all governmental authorities. 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.*
5. If an easement exists on my property, it will be located before any work begins.
6. I will follow the rules of the Protective Covenants, Architectural Guidelines and Rules and Regulations.
7. Approval by ARC is for aesthetic considerations only and does not represent structural integrity or soundness of construction.
*****PLEASE NOTE, THE BOARD OR COMMITTEE HAS 30 DAYS TO REVIEW AND RESPOND TO ALL REQUESTS**

Homeowner Signature is Required. No substitutes allowed. Failure to sign will result in a returned application to the owner.

Owner Name(s): _____ Date: _____, 201__
 (Signature)

Please submit your completed request to:

info@harmonymanagement.biz

or Fax to : (720) 207-5975 c/o Harmony Management Group,

Do not fill out below this line

SECTION 5 – FOR ARCHITECTURE REVIEW COMMITTEE (ARC) USE ONLY

Reviewed Application Received at Harmony Management Group by _____ Date: _____, 201__

ARC Committee Final Decision **APPROVED** ___ **APPROVED SUBJECT TO** ___

Conditions: _____

ARC Committee Final Decision **DENIED** _____

Reasons for Denial: _____

ARC Committee Member: _____
(Print)

Date: _____, 201__

ARC Committee Member Signature _____