

DESIGN REVIEW COMMITTEE

DESIGN REVIEW REQUEST for _____
(Association Name)

Name _____ Home Phone: _____

Unit Address _____ Work Phone: _____

City, State, Zip _____

Residence (if different than unit) _____

I understand that I must receive approval of the Architectural Review Committee 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 complete improvements promptly after receiving approval.

Homeowner's Signature _____ Date: _____

DESCRIPTION OF PROJECT:

Planned Start Date: upon approval _____ Planned Completion Date: _____

The following applicable information is included with this request:

___ Drawings and Dimensions ___ Material to be used
___ Manufacturer specifications ___ Color Selections, Paint Chips, Swatches (awnings)

COMMITTEE ACTION

Approved as submitted Required completion date: _____
 Approved subject to the following requirements:

Disapproved for the following reasons:

Committee Member Signature: _____ Date: _____

Mail To: New Level Managers Phone: 303-494-7500
P.O. Box 270368 Fax: 303-494-7510
Louisville, CO 80027 e: hoamgr@yahoo.com

Received _____
Sent to Committee _____
Rcvd from Committee _____