

# DESIGN REVIEW COMMITTEE

## DESIGN REVIEW REQUEST for \_\_\_\_\_

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: \_\_\_\_\_

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### 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)

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### 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@msn.com

Received \_\_\_\_\_  
Sent to Committee \_\_\_\_\_  
Rcvd from Committee \_\_\_\_\_