

ARCHITECTURAL REVIEW COMMITTEE Project Application of Aspen Brook Townhome Homeowners Association

C/O Foster Management PO Box 6125 Longmont, CO 80501 Phone: (303) 532-4148 Fax: (888) 697-8805

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____ Email: _____

My request involves the following type of improvement(s):(please mark one)

- | | | | |
|--------------------------------------|--|--|---|
| <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"/> Exterior Doors | <input type="checkbox"/> Room Addition | <input type="checkbox"/> Awning / Patio Cover |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Other: _____ | | |

Describe Improvement(s) (Attach additional documentation and/or drawings as needed):

Anticipated Start Date: _____ **Completion Date:** _____

I understand that I must receive the written approval from the Association in order to proceed. Association approval does not constitute approval of the City or the Local Building Department. All work must meet all applicable building codes and zoning requirements. I agree to obtain all necessary permits and/or licenses and pay any fees as may be required by governing entities and understand that failure to do so will result in a withdrawal of an approval.

I agree to complete the improvement(s) promptly after receiving approval and to notify the ARC Board immediately of completion of work, with permission to enter and inspect at any time during the process. I agree to comply with any request by the ARC Board to enter onto the property or supply any additional information for the purposes of determining if the improvement(s) comply with the approved plan and with the covenants and guidelines. Refusal to abide by any of the above shall result in withdrawal of an approval.

Failure to start or complete the improvement(s) within the time specified on the application shall result in withdrawal of approval unless an extension is requested and approved in writing. Please note that the ARC Committee of your Association has a minimum of 30 days to respond to your request.

I have read and fully understand and agree to the above.

Unit Owner Signature: _____ DATE: _____

ARC COMMITTEE ACTION

- | | |
|---|---|
| <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Disapproved (See Comments) |
| <input type="checkbox"/> Approved subject to (See Comments) | |

COMMENTS: _____

Committee Member Signatures:

_____	Date	_____	Date
_____	Date	_____	Date

PLEASE SUBMIT 2 COPIES OF FORM AND ANY ATTACHED PLANS OR BROCHURES

Rec'd _____ Crucial Date _____ Committee Date _____ Committee Return _____