LAKE OF THE ROCKIES METROPOLITAN DISTRICT

Design Review Application Form

c/o 111 Col 719

CliftonLarsonAllen LLP	Received: Sent to Committee:		
. S. Tejon Street, Suite 705 orado Springs, CO 80903 9-635-0330	Response sent to Owner Verification of Install Notes:		
APPLICANT INFORMATION			
NAME:		PHONE:	
ADDRESS:		DATE:	
EMAIL ADDRESS:			
PROJECT START DATE:	PROJECT COMPLI	ETION DATE:	
PAINTING:			
	FIELD COLOR (name/ number)	TRIM COLOR (name/ number)	DOOR COLOR (name/number)
Brick/Masonry Color:	Roof Color:	Front Door Color:	
Garage Door – Field or Trim Color?	Same C	olor as Neighbors?	
		iode didmings).	
		s, skylights, windows, etc.) Describe to est be submitted. Town of Monume	/pe(s) and use of materials. Detailed nt permit may be required.
NOTES:			
Contractor Name:	Address		
Phone Number:		ber:	
Email Address:			-

Please return this form, with all drawings, material listing and/or samples and photographs of the area to be improved to CliftonLarsonAllen at the address above or to Krista.Baptist@CLAConnect.com As a reminder, submittal of this form does not mean automatic approval. The Architectural Review Committee has 45 (forty-five) days to make a decision regarding the submittal once it is considered complete. Should the Committee fail to respond within the 45 (forty-five) day time frame outlined in the District's Legal Documents and the homeowner have proof of receipt of the request by CliftonLarsonAllen (such as a signed receipt or signed return receipt from registered or certified mail), approval shall not be required and the Legal Documents fully complied with. Please refer to the Declaration of Covenants, Conditions and Restrictions.