

Columbine Knolls South II Architectural Control Committee Improvement Approval Request

Name _____ Home Phone _____
 Address _____ Work Phone _____
 City _____ State _____ Zip _____ Email _____
 Address where improvements are to _____
 to be made, if different from above. _____

This request involves the following type of improvement (Check One Item Only):

- | | | | |
|--------------------------------------|--|---|--|
| <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"/> Patio Cover | <input type="checkbox"/> Room Addition | <input type="checkbox"/> Basketball Backboard |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Shed | <input type="checkbox"/> Playhouse (over 6ft) | <input type="checkbox"/> Antenna |
| <input type="checkbox"/> Other | _____ | | |

Describe improvement in detail. Attach a separate sheet, if necessary. (Include paint chips, sample building materials, building & landscape plans, fence layout & other plans or brochures for planned structures.) _____

Planned Start Date ____/____/____ **Planned Completion Date** ____/____/____

I understand that I must receive approval of the Architectural Control Committee (ACC) in order to proceed and that ACC approval does not ensure structural safety or engineering soundness. I understand that ACC approval does not constitute approval by the Jefferson County building department and that I may be required to obtain a building permit. I agree to obtain all permits that may be required for this improvement before construction begins. I further understand that the ACC may request additional information prior to either reviewing or approving this request or commencing work. I agree to complete improvements promptly, after receiving approval. If I am requested by the ACC to stop or cease work, I agree to do so for 30 days or until the matter can be resolved. I understand that proper drainage away from my foundation is required and that I not impede proper drainage on my lot or surrounding lots. Upon completion of my improvement, I hereby authorize the ACC and/or the property management company to enter onto my property for exterior inspection at a mutually agreed upon time. If I fail to notify the ACC within 30 days of completion of the improvement or if I refuse to allow inspection of the improvement, or I fail to complete the work by the completion date above, I understand and agree approval shall be withdrawn.

Homeowner's Signature _____ **Date** ____/____/____

APPROVAL OF THIS IMPROVEMENT BY THE ACC DOES NOT APPLY TO DRAINAGE FROM YOUR LOT OR NEIGHBORING LOTS. CAREFUL STUDY PERTAINING TO THE PROPER DRAINAGE OF BOTH IRRIGATION AND STORM DRAINAGE SHOULD BE MADE OF YOUR LOT AND YOUR NEIGHBORS' LOTS BY QUALIFIED INDIVIDUALS.

Mail materials and 2 copies of completed form to: CKSII HOA Attn: ACC P.O. Box 621625 Littleton, CO 80162

FOR ACC USE BELOW

Initial Request Received ____/____/____ **Form Number:** _____ - _____
(2 digit year)

Additional Information Requested ____/____/____ _____

Additional Information Received ____/____/____

- Approved as submitted Approved subject to the following requirements Not Approved

ACC Member Signature _____ Date ____/____/____

ACC Member Signature _____ Date ____/____/____