

**WESTOWN METROPOLITAN DISTRICT
ARCHITECTURAL REVIEW REQUEST**

Name: _____

Cell Number: _____

Address: _____

Work Number: _____

City/State/Zip: _____

Email Address: _____

The following type of Improvement(s)/design/change is hereby requested (Check each box that applies):

Deck/Patio/Slab

Landscaping

Patio Cover/Awning

Satellite Dishes/Antennas

Fencing

Painting

Roofing

Solar Energy Systems

Other: _____

Include two copies of your plot plans and describe proposed Improvements showing in detail what you intend to accomplish. Be sure to show existing conditions as well as your proposed Improvements and any applicable required screening (see the Design Guidelines for requirement details for your specific proposed Improvement(s)).

Describe Improvement: (also, attach a picture, drawing, or brochure showing the proposed Improvement(s), including a plot plan showing the location of the Improvement(s) on the lot and any other items required per the Westown Metropolitan District Design Guidelines, as they may be amended)

Planned completion date: _____

- I/We understand that I must receive approval from the ARC in order to proceed with installation of Improvement(s) if Improvement(s) vary from the legal documents of the District or, are not specifically exempt.
- I/We understand that drainage may not be altered.
- I/We understand that the ARC is not responsible for the safety of Improvement(s), whether structural or otherwise, or conformance with building codes or other governmental laws or regulations, and that it may be required to obtain a building permit to complete the proposed Improvement(s).
- The ARC and the members thereof, as well as the District, the Board of Directors, or any representative of the ARC, shall not be liable for any loss, damage or injury arising out of or in any way connected with the performance of the ARC for any action, failure to act, approval, disapproval, or failure to approve or disapprove submittals, if such action was in good faith or without malice. All work authorized by the ARC shall be completed within the time limits established specified below, but if not specified, not later than one year after the approval was granted.
- I/We further understand that following the completion of the approved Improvement(s) the ARC reserves to right to inspect the Improvement(s) at any time in order to determine whether the proposed Improvement(s) has been completed and/or has been completed in compliance with this Architectural Review Request.

Homeowner Signature: _____

Date: _____

Internal use only:

Submission Received on: _____

ARC Action:

APPROVED: ____ APPROVED AS NOTED: ____ ADDRESS COMMENTS AND RESUBMIT: ____ DENIED: ____

Notes: _____

Completion Deadline: _____

Submission Returned on: _____

ARC Member Signature: _____

Date of Review: _____

Submit to: Westown Metropolitan District
650 Glen Creighton Drive, #160
Dacono, CO 80514
c/o Timberline District Consulting
Email: dtorres@timberlinedc.com