FOR OFFICE USE ONLY

Date Received	Date Sent to ARC	Date Received by ARC

Arrowhead Architectural Review Request Form

Vista Management Associates, Inc. 8700 Turnpike Dr., Suite 230 Westminster, CO 80031

Phone: 303-429-2611 ext. 118 / Fax: 303-429-2632 kelly@vistamgmt.com

Name:	Phone: (Daytime)
Address:	Phone: (Mobile)
My request involves th	ne following type of improvements:
Painting	 Painted sample of body, garage door, front door, trim, roof drip edge/flashing and accent colors on separate 8½" x 11" white stock. If a color is used in more than one location, please indicate it on this form. Manufacturer color chip samples cannot be accepted. Color photo of brick or stone on house. Color photo of neighbor's house colors (both sides, if applicable).
Garage Doors	Be sure to provide: • Sufficient detail to describe the replacement garage door including style and material. • A photo or drawing of the new garage door. *Note: If your home has two garage doors, they must match <u>EXACTLY</u> , both in style and color.
Shed Deck Patio Cover Room Addition Playhouses Jungle Gyms Play Sets Gazebos	Be sure to provide: • Sufficient detail to describe construction including all dimensions (drawings/photos). • Building material description/sample. • Shingles and trim color/materials to match house. • Maintain proper drainage. • Obtain pertinent city building permits.
Patio Slab Driveway Walk Addition	Be sure to provide: • Sufficient detail to describe project and a photo of the existing driveway/yard. • Description (and sample, if not standard concrete) of materials to be used. • Maintain proper drainage. • Obtain pertinent city building permits.

 Copy of sales literature/installation sheet describing construction and installation. Photo of where backboard is to be installed. * Note: Backboard must either be mounted over the garage or on a portable stand. Portable basketball hoops cannot be placed on the sidewalk or in the street, and must be stored away from view during the winter months (December thru March).
Be sure to provide: • Sufficient detail to describe landscaping (drawings/photos).
 Be sure to provide: Chose one of the approved colors: Driftwood, Sandalwood or Weathered Wood. Sufficient detail to describe construction (drawings/photos). A physical sample of the shingles you are going to be using. A color photo of your home. *Note: If you have a shed, its shingles must also be replaced to match the new ones. Drip Edge/Flashing must be painted to match the exact same color of the existing house trim. If you have any questions, please contact the Property Management Company immediately to avoid any costly mistakes.
Be sure to provide: • Sufficient detail to describe construction (drawings/photos). • Building material description/sample *Note: No fence shall exceed 6 feet in height from the finished grade. If the new fence meets a fence of a different height, the fence must transition within an 8 foot distance.
Be sure to provide sufficient detail to describe the project including (drawings/photos).
Please attach additional information as needed to explain your project):

I have read the <u>entire 4 page Arrowhead Architectural Review Request Form</u> and understand that I must receive approval of the Association in order to proceed. I agree to submit all 4 pages of this Architectural Review Request Form.

I agree that all modifications will be done in a professional manner. I will notify the Arrowhead HOA when the project is complete and ready for inspection.

I agree to be held 100% responsible for all work explicitly listed on this Architectural Review Request Form including any other work performed as part of this request including any and all alterations, modifications or additions/removals not listed on this Architectural Review Request Form. I further agree to be 100% responsible for any work related to this request including any and all alterations, modifications or additions/removals which was not listed on this Architectural Review Request Form which was performed by myself or others with or without my prior knowledge or approval.

I agree to immediately remove or correct any alterations, modifications or additions/removals not explicitly listed on this Architectural Review Request regardless of who performed the work with or without my prior knowledge or approval.

I will be responsible for complying with, and will comply with, all applicable federal, state, and local city laws, codes, regulations, and requirements in connection with this work, and will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Arrowhead HOA, its Board of Directors, its agent(s), and the Architectural Review Committee have no responsibility with respect to such compliance and that the Board of Director's or its designated Committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work complies with any existing or new law, code, regulation, or governmental requirement.

I agree, as a condition of approval of this application, to indemnify and hold harmless the Arrowhead HOA, its Board of Directors, its agent(s), and the Architectural Review Committee and its representatives from all claims, losses, liabilities, and costs which may be caused by or related to any architectural modification done by homeowner.

I agree to complete improvements promptly after receiving approval and will comply with all said instruction and requirements.

I agree to immediately remove ALL contractor/business advertising signs associated with this request as soon as the project has been completed.

I have read and agree to comply with the ENTIRE 4 page Architectural Review Request Form and Procedure. Failure to submit the complete 4 page Architectural Review Request Form will result in an immediate denial.

Date:	Homeowner's Signature:	

Committee Action

*All 4 pages of the Arrowhead Architectural Review Request Form <u>MUST</u> be submitted.

	Approved as submitted.		Approved subject to the	Disapproved for the	
			following requirements:	following reasons:	
C	1.41				
Con	ipletion required by:				
All	Architectural Review Reques	t For	ms must be signed by two (2) (Committee Members	
Cor	nmittee Member Signature #	1		Date:	
Cor	nmittee Member Signature #'	2		Date	
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	1.1				
App	pealed on:				
Rea	son for appeal:				
Apr	proved by:		Board Member	r	
Disa	approved by:		Board Member		