

# Belle Creek Master Association

## Design and Improvement Request Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

The following type of improvement/design/change is hereby requested (Check one):

- |   |  |                                  |  |
|---|--|----------------------------------|--|
| <input type="checkbox"/> Landscaping          | <input type="checkbox"/> Deck/Patio/Slab     | <input type="checkbox"/> Roofing | <input type="checkbox"/> Room Addition |
| <input type="checkbox"/> Painting             | <input type="checkbox"/> Drive/Walk Addition | <input type="checkbox"/> Fencing | <input type="checkbox"/> Patio         |
| <input type="checkbox"/> Basketball backboard |  |                                  |  |
| <input type="checkbox"/> Other _____          |  |                                  |  |

Note: If more than one type of improvement is requested, describe all using additional sheet as necessary.

**Describe Improvement:** (attach a picture, drawing, brochure, etc. of the proposed improvement)

**Proposed Completion Date:** \_\_\_\_\_

I/We understand that approval of the Architectural Control Committee is required in advance to proceed. I/We also understand that the ACC approval does not constitute approval of the local City/County building departments and that a Building Permit may be required. I/We agree to complete all proposed improvements promptly after receiving ACC approval. Completion of Improvement is required by the proposed date shown above. Any delay in such completion will be reported to the ACC Committee immediately. I/We have read these instructions and shall comply accordingly.

Homeowner Signature \_\_\_\_\_  
Date \_\_\_\_\_

If you have not received written notice confirming receipt of this application within seven days following submission, please contact Laurie Tatlock, Mulhern MRE, Inc. at (303)-649-9857.

ACC ACTION:      Approved                      Approved subject to:                      Denied because:

\_\_\_\_\_  
\_\_\_\_\_

ACC Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Internal Use only:**

Form Received on \_\_\_\_\_ Returned on: \_\_\_\_\_

Return this Form to:  
Mulhern MRE, Inc. – 2 Inverness Drive East, Suite 200, Englewood, CO 80112  
Phone: 303-649-9857 Fax: 303-414-0671 email: laurie@mulhernmre.com