

## APPENDIX B

# Belle Creek Metropolitan District

## Design and Improvement Request Form

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different than address of the proposed improvement)

Email Address \_\_\_\_\_

The following type of improvement/design change is hereby requested (Check all that apply):

- ☐ Painting ☐ Room Addition ☐ Backyard Deck/Patio  
☐ Landscaping ☐ Patio Cover ☐ Driveway/Walk Addition  
☐ Fencing ☐ Roofing ☐ House Base Covering/Lattice

☐ Other (Please be specific) \_\_\_\_\_

**Describe Improvement:** (Attach pictures, paint swatches, drawings, brochure, lot map describing 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 the District Manager, Laurie Tatlock at (303)-649-9857 or [laurie@mulhernmre.com](mailto:laurie@mulhernmre.com).

### For Internal Use Only:

Date Form Received: \_\_\_\_\_ Date Form Returned to Owner: \_\_\_\_\_

### Return this Form to:

Belle Creek Metropolitan District  
c/o Mulhern MRE, Inc.  
2 Inverness Drive East, Suite 200, Englewood, CO 80112

# Belle Creek Metropolitan District

## Design and Improvement Request Form

### Committee Action

☐ Approved as submitted

☐ Approved subject to the following requirements:

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☐ Not approved for the following reasons:

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If this form indicates "Not Approved", please re-submit with changes within 30 days

Required Completion Date: \_\_\_\_\_

### COMMITTEE SIGNATURES

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_