CREEKSIDE SOUTH ESTATES METROPOLITAN DISTRICT ARCHITECTURAL REVIEW REQUEST FORM

Creekside South Estates Metropolitan District 141 Union Blvd., Suite 150 Lakewood, CO 80228 303-987-0835 FOR OFFICE USE ONLY
Date Received_____
Crucial Date _____
Date Sent to Entity _____
Date Rcvd from Entity _____

IOMEOWNER'S NAME(S):	
DDRESS:	
MAIL ADDRESS:	
HONE(S):	

My request involves the following type of improvement(s):

Landscaping Painting	Deck/Patio Slab Patio Cover	Roofing Room Addition	Drive/Walk Addition Basketball Backboard
Fainting	r allo Covel	Koom Audition	Dasketball Dackboald
Fencing	Other:	Accessory	
		Building/Shed	

Include two copies of your plot plans, and describe 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. Example: if you will be building a storage shed, be sure to indicate lot size, fence locations, dimensions, materials, any landscape or other screenings, etc. (see the Rules and Regulations for requirement details for your specific proposed Improvement).

I understand that I must receive approval from the ARC in order to proceed with installation of Improvements are not specifically exempt. I understand that I may not alter the drainage on my lot. I understand that the ARC is not responsible for the safety of Improvements, whether structural or otherwise, or conformance with building codes or other governmental laws or regulations, and that I may be required to obtain a building permit to complete the proposed Improvements. 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 further understand that following the completion of my approved Improvement the ARC reserves to right to inspect the Improvement at any time in order to determine whether the proposed Improvement has been completed and/or has been completed in compliance with this Architectural Review Request.

Date:_____ Homeowner's Signature: _____

ARC	Action:
	Approved as submitted
	Approved subject to the following requirements:
	Disapproved for the following reasons:
	All work to be completed no later than:
	ARC Signature: Date: