

Rock Ridge Condominium Association Architectural Request Form

Submit Architectural Request Form to: Rock Ridge Condominium Association
c/o LCM Property Management, Inc., 1776 S. Jackson St. Suite 530 Denver, CO 80210
Phone: 303-221-1117 Fax: 303-468-9404

Date Received LCM: _____

Approved Date: _____

Recorded Date: _____

Name of Applicant _____ Home & Work Phone _____ / _____

Address _____ Building permit applied for? _____ Yes _____ No

Proposed Improvement _____

Planned Starting Date _____ Planned Completion Date _____

For architectural improvements please submit a copy of your proposed plans including:

1. Details: Description of product, materials and colors.
2. Paint samples (if colors differ from the original).
3. Catalogue Cut Sheets showing product and product specifications.
4. Name, address, and phone numbers of applicant's contractor.
5. Any additional information which the board deems necessary

COMPLIANCE STATEMENT

I, the undersigned, do, agree that if any request is approved, I will install the above within the approved time period, according to the plans, specifications and descriptions submitted with this request. I am aware that any variation from the approved request could result in an order to remove the non-complying item, or to modify it to comply with the approved request. I understand that I am responsible for any damages caused by the installation of the above, and that I will require appropriate insurance from any contractor I hire to perform the work. I am also aware that the approval of my request by the Board of Directors in no way supersedes permits required by the Arapahoe County Building Department or any other government agency. I agree not to start any improvements prior to receiving approval.

Signed _____ Date _____

ACTION TAKEN

___ APPROVED AS SUBMITTED ___ APPROVED AS AMENDED BELOW

___ DISAPPROVED FOR REASON (S) NOTED BELOW ___ DEFERRED TO OWNERS ASSOCIATION BOARD

Signed _____ Date _____