APPENDIX A: Architectural Review Request Form

ARCHITECTURAL REVIEW REQUEST FORM

		FOR OFFICE Date Received	0.22 01.21	
Oak Street Townhomes		Crucial Date		
141 Union Blvd., Suite 150				
Lakewood, CO 80228				
303-987-0835				
HOMEOWNER'S NAME(S):				
ADDRESS:			· · · · · · · · · · · · · · · · · · ·	
EMAIL ADDRESS: PHONE(S):				
My request involves the following	type of improvemen	t(s):		
Landscaping 🗆 Dec	k/Patio Slab	Roofing	□ Painting	

□ Other:

Include two copies of your plot plans, and describe improvements showing in detail what you intend to accomplish (see Article 2 of the Design Guidelines and Rules and Regulations of Oak Street Townhomes. 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 Guidelines 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 if Improvements vary from the Guidelines and Regulations or, 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:		
DRC/ARC Signature: Date:	_	

SUBMITTAL FEES- \$50