

Valley Country Club Estates Homeowner Association

Application for Home Improvements and Modifications

In an effort to provide and protect each individual homeowner's rights and property values, it is required that any homeowner or group of owners considering improvement(s) and/or change(s) to their home or property submit an "Application for Home Improvements and Modifications" to the Architectural Review Committee (ARC). If any change is made that has not been approved, per the governing documents, the ASSOCIATION may require an owner to change or remove an improvement. **In addition, plans, sketches, drawings, illustrations, photographs, dimensions, and material samples should be provided to sufficiently describe the project in detail. Please read the Rules and Regulations for additional information.**

Homeowners Information

Name:	Date:	
Property Address	Email:	
Home Phone No.	Work Phone No.	
Mailing Address (if different)	Alternative Contact Person/Number:	

Please circle Type of Request:

- | | | | | | |
|---|---|---|---------------------------------------|--|---|
| <input type="checkbox"/> Back-yard Landscape | <input type="checkbox"/> AC/Swamp Cooler | <input type="checkbox"/> Awning | <input type="checkbox"/> Dog Run | <input type="checkbox"/> Exterior Lighting | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Front-yard Landscape | <input type="checkbox"/> Firewood Storage | <input type="checkbox"/> Gazebo/Pergola | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Paint Color Change | <input type="checkbox"/> Trees |
| <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Patio/Deck | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Playhouse/Swing Set | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Room Addition | <input type="checkbox"/> Storage Areas | <input type="checkbox"/> Storage Building | <input type="checkbox"/> Solar Device | <input type="checkbox"/> Sport Hoop/Court | <input type="checkbox"/> OTHER: Describe Below: |

Details:

PAINTING: Picture of house with existing colors must be submitted

Please state new paint color	Portion of house to be painted
Trim Color (include soffit, fascia boards, and window trim)	Accent Color (Includes shutters, windows hoods & exterior doors)

STORAGE BUILDING or Recreation Equipment: Plot map must be included with Application showing location of building on map.

Materials to be used:	Height of Item(s):	Dimensions of Item(s):
Square footage of Item(s):	State location/placement of Item(s):	

Please include a sample of all improvements! (Example: Paint chip/swab/swatch, roofing shingle, siding sample, solar screen sample, etc.) In signing this application, I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I understand that any misstatements, falsification or omission of information shall be grounds for denial of this application. I further understand that the Architectural Review Committee has thirty (30) days upon receipt to review my application and I agree not to begin property improvements or modifications until the Committee notifies me, in writing, of their decision. Association approval does not substitute for any County/State required permits. Owner is responsible for adhering to all Local/County/State guidelines. I have answered, truthfully, all questions pertaining to the proposed mentioned improvement or modification and have attached all samples, plans and permits required.

Homeowners Signature (REQUIRED)	Date
Improvement Start Date	Improvement Completion Date
Recommended Neighbor Approval By Signature	Address/Phone Number
Recommended Neighbor Approval By Signature	Address/Phone Number

Please return application to: Centennial Property Services, Inc.
 Attn: David Ariss
 PO Box 4118
 Centennial, CO 80155-4118

Special Note: Please make sure that your plans are complete with all needed materials. Incomplete plans will be Denied and returned.

Architectural Control Committee Use Only

Recommendation of the Committee: _____ Approved _____ Approved w/ Conditions _____ Denied
Comments/Conditions/Reason for Denial:

DCC Name:	Date
DCC Signature:	
OFFICE USE ONLY	
DATE RECEIVED:	ACKNOWLEDGEMENT LETTER:
APPROVAL DATE:	APPROVAL LETTER SENT: