MOUNTAIN SKY METROPOLITAN DISTRICT

Application for Improvements and Modifications
In an effort to provide and protect each individual homeowner's rights and property values, it is required that any Owner or group of Owners considering improvement(s) and/or change(s) to their home or property submit an "Application for Improvements and Modifications" to the Design Review Committee (DRC). If any change is made that has not been approved, per the governing documents, the Owner may be required to change or remove an improvement. In addition, plans, sketches, drawings, illustrations, photographs, dimensions, and material samples must be attached to sufficiently describe the project in detail.

Homeowner Inform	mation:						
Name:				Date:			
Property Address:			Email:				
Home Phone:			Mailing Address (if different)				
Please select the	type of request:						
Back-yard Landscape 🗌	AC Unit 🗌	Awning/Patio Cov	er 🗌	Dog Run 🗌		Fence 🗌	
Front-yard Landscape	Gazebo/Pergola 🗌	Ext. Lighting 🗌		Paint Color Change		Pet enclosure	
Patio/Deck	Play Equipment	Pool/Spa □		Door/Windows		Roofing	
House Addition	Satellite Dish	Skylight 🗌		Solar Panels 🗌		Shed □	
Sports Equipment	OTHER: Describe Below:						
PAINTING:							
Please state new paint color			Portion of house to be painted				
Trim Color (include soffit, fascia boards, and window trim)			Acc	Accent Color (Includes shutters, windows hoods & exterior doors			
SHED OR STORA	GE BUILDING:						
Plot map must be included with Application showing location of building on map. Height of building on map.			uilding	g Dimensions of building			
Square footage of building				State location/placement of building			

sample, solar screen/awning material sample, etc.). In si connection with my application, whether on this docum falsification or omission of information shall be grounds. Committee has thirty (30) days upon receipt to review my a	ments! (Example: Paint chip (8"X10" swab/swatch), roofing shingle, sidir igning this application, I certify that all the information provided by ment or not, is true and complete. I understand that any misstatement for denial of this application. I further understand that the Design Review application and I agree not to begin property improvements or modification on. If no such written decision is received, the request is deemed denie
DRC approval does not substitute for any County/State red	quired permits. Owner is responsible for adhering to all Local/County/Sta aining to the proposed mentioned improvement or modification and have
Homeowner Signature (REQUIRED)	Date
Expected Start Date	Expected Completion Date
Please submit application to:	Clar Matranalitan Diatriat
	Sky Metropolitan District
	Public Alliance
	rban Street, Ste 310 ewood, CO 80228
Lan	ewoou, 00 00220
	cation(s) are complete, and you have included all required ons will not be submitted for review and will require updating inly
Recommendation of the Committee: Approv	ed: Approved w/Conditions: Denied
Comments/Conditions/Other:	
DDC Name:	Deter
DRC Name:	Date:

OFFICE USE ONLY

APPROVAL LETTER SENT:

ACKNOWLEDGEMENT LETTER:

DRC Signature:

DATE RECEIVED:

APPROVAL DATE: