

**Arapahoe Highlands
Architectural Control Committee
Project Approval Request Form**

DATE:

NAME:

ADDRESS:

PHONE:

As required by the Arapahoe Highlands Protective Covenants section II.B, the above homeowner requests that the Architectural Control Committee approve the following project.

DESCRIPTION OF THE PROJECT:

(Attach copies of relevant samples, permits, diagrams, blue prints, construction documents, plans, color swatches, etc.)

NAME OF CONTRACTOR:

ADDRESSES OF LOCAL RESIDENCES TO REVIEW EXAMPLES OF THE WORK:

(If relevant such as roofing materials.)

ANTICIPATED START DATE:

ANTICIPATED COMPLETION DATE:

(If work is NOT completed by the above date you must apply for an extension stating the reasons for the delay.)

The Architectural Control Committee will respond within 30 days of receiving this application.

RECEIVED BY:

DATE RECEIVED:

ACC- Approved

_____ Date _____ Approved _____ Date _____ Approved _____ Date _____

ACC- Disapproved

_____ Date _____ Disapproved _____ Date _____ Disapproved _____ Date _____

Comments –