LAKE OF THE ROCKIES METROPOLITAN DISTRICT

Design Review Application Form

c/o 172 Col 719

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Warren Management Group	Internal Use Only		
20 Jet Stream Drive, 200	Received:	Sent to Committe	ee:
lorado Springs, CO 80921	Response sent to Owner	Verification of In	stall
9-653-3037	Notes:		
APPLICANT INFORMATION			
NAME:		PHONE:	
ADDRESS:		DATE:	
EMAIL ADDRESS:			
LIVIAIL ADDINESS.			
PROJECT START DATE:	PROJECT CON	//PLETION DATE:	
PAINTING:			
	FIELD COLOR	TRIM COLOR	DOOR COLOR
	(name/ number)	(name/ number)	(name/number)
			
Brick/Masonry Color:	Roof Color:	Front Door Color:	<u>_</u>
darage Door – Field of Triffi Colors	Sair	ne Color as Neighbors?	
type(s) of materials to be used and			
		vays, skylights, windows, etc.) Describe t	
horizontal and vertical drawings, s	ite plan and evaluation drawings	s must be submitted. Town of Monum	ent permit may be required.
NOTES:			
Contractor Namo	V T T	rocci.	
Contractor Name:		'ess:	
Phone Number:	Fax I	Number:	
Email Address:			

Please return this form, with all drawings, material listing and/or samples and photographs of the area to be improved to Warren Management Group at the address above or to LakeOfTheRockies@warrenmgmt.com. As a reminder, submittal of this form does not mean automatic approval. The Architectural Review Committee has 45 (fortyfive) days to make a decision regarding the submittal once it is considered complete. Should the Committee fail to respond within the 45 (forty-five) day time frame outlined in the District's Legal Documents and the homeowner have proof of receipt of the request by Warren Management Group (such as a signed receipt or signed return receipt from registered or certified mail), approval shall not be required and the Legal Documents fully complied with. Please refer to the Declaration of Covenants, Conditions and Restrictions.