



Cherry Creek HOA Professionals, LLC

Design Review Request Cherry Creek Pointe Townhouse Association

Name _____ Phone _____

Address _____

Type of Improvement

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Deck/Patio Slab | <input type="checkbox"/> Roofing | <input type="checkbox"/> Drive/Walk Addition |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Patio Cover | <input type="checkbox"/> Room Addition | |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Other _____ | | |

Description of Improvement (use additional documentation as necessary)

I understand that I must receive approval from the Association prior to making any improvements to my property. I understand that Association approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I agree to complete improvements promptly after receiving approval.

Date _____ Homeowner's Signature _____

Committee Action

- Approved as submitted
- Approved subject to:
- Disapproved for following reasons:

Completion Deadline _____

Committee Member Signature _____