



27 Inverness Drive East
Englewood CO 80112
303.369.1800-phone
303.369.0007-fax
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ARCHITECTURAL IMPROVEMENT REQUEST FORM

Association Name: _____

Applicant Name: _____

Property Address: _____

Home/Cell/Work Phone(s): _____

Email: _____

Proposed Improvement: (Describe fully; include things such as paint sample(s)/code(s), building materials list, landscape plan, fence layout, site plan, three dimensional elevation drawings and other plans or brochures, if applicable. Attach additional description pages as necessary.)

Expected Completion Date: _____

I understand that I must receive approval of the Association in order to proceed. I understand that Association approval does not constitute approval of the local building department and that they may require a building permit. I agree to complete improvements promptly after receiving approval. I have read any applicable governing documents for my Association and accompanying instructions and will comply. I understand that all projects are subject to final inspection and acceptance by the Association.

Applicant Signature: _____ Date: _____

Note: If you have not been contacted by management, please do not assume your form was received, and for your protection, do not begin any changes or improvements until you have received written approval from your Association through management.

-----DO NOT WRITE BELOW THIS LINE – ASSOCIATION ACTION REQUIRED -----

Date received: _____ Submitted to Committee: _____ **DUE DATE:** _____

- ☐ The request is approved as submitted
- ☐ The request is approved subject to the following requirement(s) (see comments below for details).
- ☐ The request is disapproved for the following reasons (see comments below for details).

Comments: _____

Committee Member Signature(s): _____

Date: _____