

Design Review Request

MSI, LLC
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FOR OFFICE USE ONLY

Date Received MS _____
Crucial Date _____
Date Sent To Committee _____
Date Rcvd From Committee _____
CM _____
Request# _____

Name: _____
Address: _____
City/State/Zip: _____

Association: _____
Home Phone: _____
Work Phone: _____
Email: _____

My request involves the following 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"/> Basketball Backboard |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Other: _____ | | |

Describe improvements (Attach site plan or map of specific improvements - do not draw them below.):

Your Association Covenants may be downloaded from www.msioa.com or by contacting your Community Manager at MSI, LLC for assistance.

Planned 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 I may be required to obtain the applicable City/County permit(s). I understand that my improvements must be completed per specifications or approval is withdrawn. I understand that I must maintain proper slope and drainage patterns regardless of overall changes made. I agree to complete improvements promptly after receiving approval.

Date: _____ Homeowner's Signature: _____

Committee Action:

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

Completion required by: _____

Committee Member Signature: _____ Date: _____