

Application for Architectural Review

Boyd Lake Homeowners Association – 1st Filing

ACC Use Only

Date Received: _____

Date Homeowner Notified: _____

Required Completion Date: _____

'Notice of Completion' Receipt Date: _____

Owner Name: _____

Address: _____

Home Phone: _____

Property Address: _____

Work Phone: _____

Email Address: _____

Planned Start Date: _____

This request is for the following type of improvement:

- | | | | |
|---|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Windows | <input type="checkbox"/> Roofing | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Outbuilding | <input type="checkbox"/> Room Addition | <input type="checkbox"/> Deck/Patio | <input type="checkbox"/> Hardscaping |
| <input type="checkbox"/> Major remodel | <input type="checkbox"/> Other: _____ | | |

Project is a replacement with same or similar. Project involves a new design or change of existing design.

Describe improvement: (Include reference materials with application or provide electronically)

- Required attachments to application:
- | | | |
|--|--|---|
| <input type="checkbox"/> Material Sample | <input type="checkbox"/> Color Sample | <input type="checkbox"/> Full size renderings of changes/additions on lot |
| <input type="checkbox"/> Manufacturers' Brochure(s) or url | <input type="checkbox"/> Full size renderings of changes to structure(s) | |

I understand that I must receive approval from the Association to proceed. I understand that Association approval does not constitute approval of Larimer County and that I may be required to obtain a building permit. I understand that my improvements must be completed per specifications or approval is withdrawn. I agree to send the Architectural Committee a Notice of Completion upon the completion of this improvement. I agree and authorize the Architectural Committee to enter my property for the purposes of evaluating this application and to ensure the improvements made meet the specification contained in this application.

Date: _____ Homeowner's Signature: _____

Committee Action

Approved as submitted

Approved subject to following conditions: _____

Disapproved for the following reasons: _____

Completion Required by: _____

Interim Review Required by: _____

Committee		Date		Date
Members'		Date		Date
Signatures		Date		Date
		Date		Date

