

Architectural Control Improvement Request

MSI, LLC
390 Interlocken Crescent, Suite 500
Broomfield, CO 80021-8041
(303) 420-4433 Broomfield • (303) 751-6564 Aurora

FOR OFFICE USE ONLY

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

Name: _____
Address: _____
City/State/Zip: _____ Aurora, CO 80013
Email: _____

Association: LAS
Home Phone: _____
Work Phone: _____

1. Send completed form to MSI at the above address.
2. Remember to allow 45 days for contact(not approval) from the ACC.
3. If you have any questions, contact Lisa Kelly at 303-337-1989

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 | X Other: _____ | | |

Describe improvements (attach additional documentation as needed, i.e, paint samples):

Planned completion date: _____

I UNDERSTAND THAT I MUST RECEIVE APPROVAL OF THE ARCHITECTURAL CONTROL COMMITTEE IN ORDER TO PROCEED. I understand that this approval does not constitute approval of the local building department 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 I understand that my improvements must be completed per specifications or approval is withdrawn.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 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: _____