

Master Community Association at Stapleton Design Review Request

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FOR OFFICE USE ONLY

Date Received MS _____

Crucial Date _____

Date Sent To Committee _____

Date Rcvd From Committee _____

CM _____

Name: _____ Association: MCA

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Design review is limited to residential units and is only for material changes to the exterior of a home. Approval is required ONLY for: Improvements involving an addition or deletion of square footage to a home; addition of an exterior deck or balcony at the primary entry or above the first floor of the home; substantial change to the architectural style and character of the home; adding an accessory or additional structure on the lot (other than sheds or storage structures), and; substantial change to the roof plane or lines of the home.

My request involves the following type of improvement:

☐ Room addition/deletion (adding or removing sq. footage)

☐ Exterior deck/balcony

☐ Architectural style change

☐ Additional structure

☐ Roof plane change

☐ Other: _____

Describe improvements (attach additional documentation as needed):

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 a building permit. I agree to complete improvements promptly after receiving approval. I have read the instruction sheet and will comply.

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: _____