

CRIMSON VIEW

HOMEOWNERS ASSOCIATION

APPLICATION FOR REPAIR OR MODIFICATION TO AN EXISTING RESIDENCE

Lot # _____ Owner Name _____ Phone # _____

Address _____ Email _____

Repair / Restoration Required or Modification/Improvement Request – Provide additional details as needed.

Anticipated Start Date of Repair/Mod ____/____/____ Estimated # of Days to Complete Project _____

Primary Contractor _____

A Refundable Construction “Compliance” Deposit May Be Required for Modification/Repair Projects, at the Discretion of the Design Review Committee, Including Consideration of the Potential for Surrounding Area Damage.

Modification Details Must Be Submitted Sufficient for the Design Review Committee to Understand the Project, Including Such as Sample Materials. The Design Review Committee May Request Further Details if Needed.

Attachments and / or Samples Submitted _____

Owner's Signature _____ Date _____

Review Committee Comments:

APPROVED

NOT APPROVED

Signed for Design Review Committee _____ Date _____

Comments and / or Conditions _____

Final Inspection Request:

Please contact DRC Chair by phone, e-mail or by returning this form to request a Final Inspection.

I ACKNOWLEDGE THE ABOVE IS COMPLETE, READY FOR INSPECTION. Date _____ Initials _____

Please Call _____ to Schedule an Appointment for the Final Inspection.

It is Not Necessary to Schedule an Appointment. I Understand the Results may be Sent in Writing.

RESULTS: APPROVED NOT APPROVED

Signed for Design Review Committee _____ Date _____