



HERITAGE RIDGE METROPOLITAN DISTRICT

Architectural Improvements Request

Pursuant to the Declaration of Covenants, Conditions and Restrictions for Heritage Ridge and the Board of Director's Resolution regarding Rules and Regulations, I/We submit the following application to make improvements:

Date: _____

Address of Property: _____

Name(s) of Owner: _____

Mailing Address: _____

Phone Number: (Home) _____ (Mobile) _____

Email Address: _____

Description of Work (Including design, nature of the work, type, size, height, width, color, materials and location of proposed improvements):

_____ Plans, including location, elevations and dimensions, if applicable

_____ Specifications

_____ Samples of Colors

_____ Samples or Description of Materials

_____ Photographs

_____ Other (Please specify) _____

A \$50 fee is required with all application submittals. The \$50 fee made payable to **Heritage Ridge Metropolitan District** is due at the time the application and plans are submitted for review.

I/We understand that under the Covenants and Rules and Regulations the Committee will act on this request and provide me with a written response of their decision within 30 days of completed submittal. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the Architectural Control Committee.
2. All work will be done at my expense, and all future upkeep and maintenance will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in good workmanlike manner by myself or a contractor.

work must be completed within one year after the date of approval

- 4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other owners in the community.
- 5. No trash or debris from the project will be placed on property belonging to any other owner, or on District common area.
- 6. I/We assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
- 7. I /We will be responsible for the conduct of all persons, agents, contractors, and employees who are connected to this work.
- 8. I /We will be responsible for complying with all applicable federal state and local laws, codes, regulations and requirements in connection with this work and will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Heritage Ridge Metropolitan District, its Board of Directors and its Architectural Review Committee have no responsibility with respect to such compliance and that the Board of Director's or its designated Committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specification or work comply with any law, code, regulation or governmental requirement.
- 9. The contractor name and contact number is:

- 10. In the event of approval, I will notify the Architectural Control Committee in writing when the work is completed so that can inspection can be made to assure that it conforms to what was approved.
- 11. If approved, work would start on or about _____ and would require _____ days to be completed.

THE UNDERSIGNED UNDERSTANDS AND AGREES TO THE ABOVE CONDITIONS:

Owner's Signature

_____/_____/_____
Date:

Print Name

Email, fax or mail / hand deliver to:

Centennial Consulting Group, LLC
2619 Canton Court, Suite A
Fort Collins, CO 80525

Phone: (970) 484-0101 ext. 973
Fax: (970) 300-4682
heritageridge@ccgcolorado.com

I, _____, hereby acknowledge receipt of the above and its marked attachments on this _____ day of _____, 20____.

This receipt is not acknowledgement that such submission is complete

For Committee Use:

Approval: _____ Denied: _____

Approved upon Completion of Contingencies: _____

Date: ____/____/____

Signed: _____