

ORCHARD VALLEY WEST SUBDIVISION HOA

ARCHITECTURAL CONTROL IMPROVEMENT REQUEST FORM

HOME OWNERS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

MAILING ADDRESS IF DIFFERENT THAN PROPERTY ADDRESS _____

SEE ORCHARD VALLEY WEST SUBDIVISION HOA SPECIAL RULES AND REGULATIONS. REQUESTS MUST BE SUBMITTED FOR ALL IMPROVEMENTS VISIBLE FROM THE STREET. REQUESTS NEED NOT BE SUBMITTED FOR IMPROVEMENTS LOCATED BEHIND A PRIVACY FENCE AND NOT VISIBLE FROM THE STREET.

___ STRUCTURAL CHANGES:

___ AWNINGS**:

___ LANDSCAPING**:

___ DRIVE/WALK ADDITION OR IMPROVEMENT:

___ STORAGE SHED:

___ DECK/PATIO/SLAB:

___ OTHER:

___ PAINT**: IF HOUSE IS TO BE REPAINTED ORIGINAL COLORS NO REQUEST IS NEEDED.

___ FENCING: VINYL/WOOD PRIVACY FENCES RECOMMENDED.

___ ROOFING **: ASPHALT DIMENSIONAL SHINGLES REQUIRED.

**PAINT/SHINGLES /AWNING/ SIDING/BRICK OR STONE MATERIAL SAMPLES REQUIRED:

DESCRIBE THE IMPROVEMENTS YOU WISH TO MAKE. YOU MUST ALSO SUBMIT A PLAN WITH THIS FORM:

PLANNED START DATE: _____ PLANNED COMPLETION DATE: _____

I understand I must receive written approval of the Architectural Control Committee in order to begin with the above stated project. I understand that ACC approval does in no way constitute approval of the local building departments and that I must get all required building permits prior to proceeding with this project. I agree to complete this project in a timely manner and no later than the planned completion date.

DATE: _____ HOMEOWNER'S SIGNATURE: _____

ACC ACTION:

___ APPROVED: ___ NOT APPROVED (SEE ATTACHED EXPLANATION)

IF APPROVAL IS NOT RECEIVED WITHIN 30 DAYS AFTER SUBMISSION THE REQUESTED IMPROVEMENT IS APPROVED.

ACC MEMBERS SIGNATURES: _____ DATE: _____

HERITAGE
PROPERTY & HOA MANAGEMENT, LLC
2650 North Ave., Ste. 116
Grand Junction, CO 81501