

LITTLETON VILLAGE Metro District No. 2
RESIDENTIAL DESIGN REVIEW REQUEST FORM

Contact Information:

Name: _____

Address: _____

City: State: Zip Code: _____

Phone: _____

E-mail: _____

General Improvements to be Made (Fence, Painting, Landscaping, etc.):

Description of the improvements to be made, detailing the complete scope of work, and any changes from what currently exists:

Planned start date: _____ Planned completion date: _____

Attachments:

Attach required supporting documents including the following*:

- Aerial view of home (i.e., Google Maps) with indication of the area to be improved.
- Pictures of the improvement requests.
- Details of materials to be used:
 - Product descriptions, image of product color and style, construction materials, etc.
- If applicable, include a plot plan with dimensions, elevations, and relation to home, fence, property lines, including detailed measurements indicated on the plot plan.
- Painting requests:
 - Include an image of the front of your house with the homes on either side
 - Include photos of paint chips/stain samples
 - Indicate which color is to be used for body, trim and/or accent colors.
- Landscaping requests:
 - Itemized lists of plants and trees to be installed, along with a map showing the location of same.

*Note that the Architectural Control Committee may require the submission of additional documentation or information prior to considering your request.

Acknowledgments:

Initial each of the following statements:

_____ I understand I am responsible for obtaining any permits and approvals required by the City of Littleton and/or any other municipality or governmental entity having jurisdiction over my property.

_____ The committee has up to **45 days** to review. If I have not received a decision within 45 days, my request is deemed denied.

Signature: _____

Date: _____

Please submit your request, along with a check payable to **Littleton Village Metro District No. 2**, in the amount of \$50 to:

Architectural Control Committee
C/O Littleton Village Metropolitan District No. 2
405 Urban St., Suite 310
Lakewood, CO 80228

E-MAIL: geol@publicalliance.com

For Architectural Control Committee Use Only

_____ Approved as submitted

_____ Approved subject to the following conditions or requirements:

_____ Disapproved for the following reasons:

If approved or approved with conditions or requirements above, completion of all approved improvements must be completed by: _____

Representative for Committee: _____ Date: _____