

# East Bend Metropolitan District Design Review Application

NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Email: \_\_\_\_\_

**The following type of improvement/design/change is hereby requested (Check one):**

Security Cameras/Lighting     Roofing     Solar Energy Systems     Storm Doors

Painting     Satellite Dishes/Antennas     Awning/Shutters/Windows

Other \_\_\_\_\_

*Note: If more than one type of improvement is requested, describe the project(s) using additional sheets as necessary.*

**Describe improvement:** (also, attach a picture, drawing, or brochure showing the proposed improvement, including a plot plan showing the location of the improvement on the Dwelling Unit and any other items required per the East Bend Design Guidelines, as they may be amended)

**Completion Deadline:** \_\_\_\_\_

I/We understand that approval of the Design Review Committee ("DRC") is required before beginning work. I/We also understand that the DRC approval does not constitute approval of the local City/County building departments or any other governmental or private entity and that a building permit or other items may be required. I/We agree to complete all DRC approved improvements promptly after receiving, and consistent with, DRC approval. Completion of the Improvement(s) is required by the completion deadline shown above. I/We will immediately report to the DRC any delay in such completion to request an extension, which the DRC may approve or deny at its sole discretion. I/We understand that if there is no written response to this request from the DRC within forty-five (45) days, the request is deemed denied. I/We understand that the project must be **commenced within six (6) months** from the approval date, or the approval is **rescinded**. I/We have read these instructions, the Declaration of Covenants, Conditions and Restrictions for East Bend Metropolitan District and the East Bend Design Guidelines, and shall comply accordingly.

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Internal Use Only:**

**DRC ACTION:**     Approved        Approved with Conditions:     Denied Because:

**DRC Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit to:** East Bend Metropolitan District

c/o CRS of Colorado  
[adorey@crsofcolorado.com](mailto:adorey@crsofcolorado.com)