

SADDLEBACK MOUNTAIN HOMEOWNERS ASSOCIATION
ARCHITECTURAL CONTROL COMMITTEE APPLICATION CHECKLIST

Approved Not Approved

Date: _____

If not approved, please provide an explanation: _____

LOT NUMBER and/or address: _____

Homeowner(s)

First & Last Name(s):

1. _____

2. _____

Telephone Cell: _____ Home: _____

Type of Construction or Improvement: (Check all that apply. If Other, please describe.)

Porch Storage Building Patio Deck Pool Fence Dwelling Garage

Other: _____

Date Plans Submitted: _____

Date SMHOA Board Notified: _____

Date Plans Reviewed: _____

Neighbors requiring mailing: _____

Date mailed: _____

Has the county issued any variance? Yes No

If yes, please describe _____

Are the Plans approved by Saddleback HOA? Yes No Date: _____

Are the Plans approved by Clear Creek County? Yes No Date: _____

Conditions of Approval if Required: _____

Date Construction Started: _____

Date of Projection Inspection: _____

Estimated completion date: _____

Contractor: _____

COMMENTS: _____
