

OVERLOOK AT BEAR CREEK
DESIGN REVIEW REQUEST # _____
c/o Realty One, Inc.
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Lakewood, Colorado 80214
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admin@realtyone-co.com

Realty One Date rec'd _____
Crucial Date _____
Sent to ACC _____
Rec'd from ACC _____
By: _____

Name: _____
Address: _____
City/State/Zip: _____
Email: _____

Home Phone _____
Cell Phone _____

My request involves the following type of improvement:

Painting Deck/Patio Slab Roofing Driveway Addition
Landscaping Patio Cover Room Add on Basketball backboard
Fencing Walkway Addition Other: _____

Description of Improvements (attach an additional document if necessary)

Planned completion date: _____

Owners are required within one (1) week of final completion of landscaping to notify management of a date and time (preferably late afternoon) that the ACC can access their yard for a final inspection. I understand that I must receive approval from the Architectural Control Committee (ACC) prior to proceeding with landscaping installation and that the ACC will notify me of their decision within thirty (30) days of receiving plans. I also understand that all landscaping plans for review from homeowners must be in compliance with the Overlook at Bear Creek HOA Covenants and Bylaws, as well as any and all Jefferson County and City of Lakewood ordinances. Compliance of Jefferson County and City of Lakewood ordinances is solely the responsibility of the homeowner and not the Overlook at Bear Creek Architectural Control Committee or the HOA Board of Directors. Failure to comply could mean removing, at my cost, any and all work started or completed that does not comply with the Overlook at Bear Creek HOA Covenants and Bylaws and/or Lakewood/Jefferson County ordinances. I understand that Association approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I understand that my improvements must be completed per specifications or approval is withdrawn. I agree to complete improvements promptly after receiving approval.

Date: _____ Homeowner's Signature _____
Printed Name _____

Committee Action:

Approved as submitted

Approved subject to the following requirements:

Disapproved for the following reasons:

Completion required by: _____

Committee Member Signature _____

Date: _____

Committee Member Printed Name _____

Committee Member Signature _____

Date: _____

Committee Member Printed Name _____

Committee Member Signature _____

Date: _____

Final Inspection approval Signature _____

Date: _____