CHAPARRAL POINTE METROPOLITAN DISTRICT

Design Review Application Form

614 N. Tejon St.
Colorado Springs, Colorado 8090
Phone: (719) 447-1777

Email Address:

	Received: Sent to Committee:		
14 N. Tejon St. olorado Springs, Colorado 80903	Response sent to Owner	Verification of Inst	all
hone: (719) 447-1777		Notes:	
APPLICANT INFORMATION			
NAME:		PHONE:	
ADDRESS:		DATE:	
EMAIL ADDRESS:			
PROJECT START DATE:	PROJECT COI	MPLETION DATE:	<u> </u>
PAINTING:			
	FIELD COLOR (name/ number)	TRIM COLOR (name/ number)	DOOR COLOR (name/number)
Brick/Masonry Color:	Roof Color:	Front Door Color:	_
·		Front Door Color:ne Color as Neighbors?	
Garage Door – Field or Trim Color?	San tion, removal, replacement or a	ne Color as Neighbors?	
Garage Door – Field or Trim Color? LANDSCAPING: (Original installa type(s) of materials to be used and statement of the color of the c	San tion, removal, replacement or a I the manner of their use (please	ne Color as Neighbors?	g stone, walls, etc.) Describe color and
Garage Door – Field or Trim Color? LANDSCAPING: (Original installa type(s) of materials to be used and statement of the color of the c	San tion, removal, replacement or a I the manner of their use (please	ne Color as Neighbors?	g stone, walls, etc.) Describe color and
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Please return this form, with all drawings, material listing and/or samples and photographs of the area to be improved to WSDM, LLC at the address above or to adam.n@wsdistricts.co As a reminder, submittal of this form does not mean automatic approval. The Architectural Review Committee has 45 (forty-five) days to make a decision regarding the submittal once it is considered complete. Should the Committee fail to respond within the 45 (forty-five) day time frame outlined in the District's Legal Documents and the homeowner have proof of receipt of the request by WSDM, LLC (such as a signed receipt or signed return receipt from registered or certified mail), approval shall not be required and the Legal Documents fully complied with. Please refer to the Declaration of Covenants, Conditions and Restrictions.

Contractor Name: _____Address: _____ Phone Number: ______Fax Number: _____