

**HILLCREST
HOMEOWNER'S ASSOCIATION**

DESIGN REVIEW REQUEST

Applicant's name: _____ Address: _____

Contact Phone: _____ Email: _____

My request involves the following type of improvements:

() Deck/Patio () Satellite Dish () Security/Storm Door () Landscape () Other

Describe improvement(s). (Please be detailed and attach drawings if appropriate.)

Planned Starting Date _____ ***** (Allow two weeks for approval) *****

I understand that Board approval must be received in order to proceed. I also understand that Board approval does not constitute approval of local Building Codes and I am responsible for obtaining any required building permits. I have read and will comply with Hillcrest HOA Covenants and agree to complete improvements within six months from the time of approval.

Signature _____ Date _____

DESIGN REVIEW COMMITTEE ACTION

() Approved as submitted.

() Approved subject to: _____

() Denied for the following reason(s): _____

Completion required by: _____

Approval Signatures:

SUBMIT FORM TO:

Mike Menagh - 7529 S. Ivanhoe Circle - 720-488-6445
Mary Sue Hyslop - 5773 E. Irish Place - 303-773-0530
or any HOA Board Member