

PARK VIEW HIGHLANDS HOMEOWNERS ASSOCIATION, INC.
DESIGN REVIEW COMMITTEE

ACCESSORY BUILDING REQUEST FORM

Name _____ Date _____

Address _____

Phone (work) _____ (home) _____

Dates (approx) building will begin _____ and _____

DETAILS FROM YOUR PLANS:

1) MEASUREMENTS: Height _____
Length _____
Width _____

2) Is the siding material the same as your house? _____

3) Is the roofing material the same as your house? _____

4) Is it painted to match the field and trim colors on your house? _____

5) Are the details (trim boards) consistent with your house? _____

6) Does the pitch of the roof match your house? _____

7) Have you provided space around the accessory building, or made design considerations, that will allow for future maintenance (repainting)? _____

PLEASE ATTACH YOUR PLANS (MEASUREMENTS ARE NEEDED) & A MATERIALS LIST

1) BIRDS EYE PLAN OF ENTIRE LOT SHOWING WHICH NEIGHBORS OR STREETS WILL SEE THE ACCESSORY BUILDING.

2) SIDE DRAWINGS SHOWING VIEW SEEN BY NEIGHBORS & FROM STREET WHERE AFFECTED.

PLEASE RETURN 4 SETS OF THIS FORM AND PLANS TO:

Homeowners Association, Inc.
Park View Highlands HOA

The Colorado Property Management
Group
2620 S. Parker Rd. Suite 105
Aurora, CO 80014