## **Spring Creek Meadows Architectural Control Request**

Send to: Spring Creek Meadows HOA c/o Keystone Denver Property Management 2851 S. Parker Road, Suite 840 Aurora, CO 80014

Phone: 303-369-0800 Fax: 303-369-0801

Email: Ikonyn@keystonepacific.com

Name:	Ph	one:
Address:	Ci	ty/State/Zip:
Email:		
My request involves the following type of improvement:		
Exterior Painting	Roof	Landscaping
Windows	Doors	Other
Please describe improvements and provide and photos must be included for consideration of the		
Planned completion date (Must be within 6 months of the approval date) Committee decisions may take up to 30 days, please do not schedule any projects prior to 30 days from the date you submitted your request.		
Association approval does not constitute a required to obtain a building permit. I furl requested services has provided proof of li	pproval of the location ther certify that the icensing and insubstrated the contractions.	ation in order to proceed. I understand that cal building requirements and that I may be the contractor I have engaged to perform the trance. This approval does not provide for any actor from any damages that may occur during ents by the anticipated completion date.
Homeowner Signature:		Date:
COMMITTEE ACTION:		
Approved as submitted.		
Approved subject to the following requ	uirements:	
Not Approved for the following reason	ı:	
ACC Signature:		Date: