## APPENDIX B HARMONY MASTER HOMEOWNERS ASSOCIAITON, Inc.

## APPLICATION for APPROVAL of ARCHITECTURAL, SITE, OR LANDSCAPING CHANGES

Submit one (1) copy of plans, drawn to scale, minimum size of 8-1/2" x 11", with the Application electronically to: <a href="rearter@ccmcnet.com">rearter@ccmcnet.com</a>. Paper submittals are not accepted.

Date Submitted:/	Home Closing Date:/
Estimated Completion Date:/	Lot ID: Filing #:Block #:Lot #:
Owner Name(s):	Phone:
Physical Address:	
	Phone:
NATURE of REQUEST: check number & circle	e appropriate item(s)
<ol> <li>1. Landscaping (Must be completed within 1</li> <li>2. Front Yard Landscape Modification</li> <li>3. Addition to or modification of Dwelling U</li> <li>4. Addition of or modification to non-dwellin</li> <li>5. Concrete Work (walkways, patio, etc.)</li> <li>6. Walls, Fences, Gates</li> <li>7. Patio Extension, Sun Screens, Awnings</li> <li>8. Pool, Spa or Jacuzzi, Fountain</li> <li>9. Satellite Dish (size, location &amp; color)</li> <li>10. Storm Door (size, design, color)</li> <li>11. Exterior Lighting</li> <li>12. Other:</li> </ol> BRIEF PROJECT DESCRIPTION:	Unit exterior (room addition, etc.) ng structure (deck, trellis, etc)  TYPE OF LOT:  Oversized Lot Rear Yard View Lot Interior Lot Corner Lot Cul-de-sac
CONTRACTOR (if any) Name & Phone #:	
Name/Company:	Phone:

In support of this application, the following required items must be submitted:

Plans must include the following (where applicable): Plot Plan, Floor Plan, Exterior Elevations, Roof Design, Exterior Materials and Finishes. Landscaping Plans must include number, size & turf-area ratio calculations and plant legend/schedule. Please include any such other items as are needed to reflect the character and dimension of modifications. See Design Guidelines for additional requirements.

Revised: October 1, 2020

## APPLICATION for APPROVAL of ARCHITECTURAL, SITE, OR LANDSCAPING CHANGES (continued)

THIS APPLICATION REQUIRES THE SIGNATURE OF THE HOMEOWNER AND MAY REQUIRE ACKNOWLEDGMENT SIGNATURES OF POTENTIALLY IMPACTED NEIGHBORS.

THE UNDERSIGNED ACKNOWLEDGES THAT IF ANY WORK HAS COMMENCED PRIOR TO THE APPROVAL OF THE REVIEWER, HE/SHE WILL BE LIABLE FOR ALL COSTS NECESSARY TO BRING THE WORK INTO COMPLIANCE WITH THE CC&R'S (DECLARATION) OR DESIGN GUIDELINES.

THE REVIEWER SHALL MAKE A DETERMINATION ON EACH APPLICATION WITHIN FORTY-FIVE (45) DAYS AFTER RECEIPT OF A COMPLETED APPLICATION AND ALL INFORMATION IT REQUIRES.

BY SIGNING THIS APPLICATION FORM, I, THE HOMEOWNER, GIVE AUTHORIZATION TO THE REVIEWER TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTING THE PRE-CONSTRUCTION SITE CONDITIONS AND ALL WORK IDENTIFIED ON THE APPLICATION AS BEING SATISFACTORILY COMPLETED.

NEITHER THE COMMUNITY ASSOCIATION, THE DESIGN REVIEW COMMITTEE, NOR ANY MEMBERS, EMPLOYEES OR AGENTS THEREOF, NOR THE DECLARANT, NOR ANY OFFICERS, EMPLOYEES OR AGENTS THEREOF, SHALL BE LIABLE IN EQUITY OR DAMAGES TO ANY PERSON SUBMITTING REOUEST(S) FOR APPROVAL OR TO ANY PERSON BY REASON OF ANY ACTION, FAILURE TO ACT. APPROVAL, CONDITIONAL APPROVAL, DISAPPROVAL, OR FAILURE TO APPROVE OR DISAPPROVE. IN REVIEWING ANY MATTER, NEITHER THE COMMUNITY ASSOCIATION, THE DRC, NOR THE DECLARANT, SHALL BE RESPONSIBLE FOR THE SAFETY, WHETHER STRUCTURAL OR OTHERWISE. OF ANY ITEM(S) SUBMITTED FOR REVIEW, NOR CONFORMANCE WITH APPLICABLE BUILDING CODES OR OTHER GOVERNMENTAL LAWS OR REGULATIONS, AND ANY APPROVAL OR CONDITIONAL APPROVAL OF AN IMPROVEMENT BY THE DRC, OR THE DECLARANT, SHALL NOT BE DEEMED AN APPROVAL OF ANY SUCH MATTERS.

Homeowner Signature (Required)	Date		
		/ /	
	Address	Date	
Neighbor Signature(s) (if necessary)	Address	Date	
APPROVAL DOES NOT RELIEVE THE HOMEOWN GOVERNING DOCUMENTS ANDS DESIGN GUIDEL WITH APPLICABLE COLORADO LAW, CITY OF ORDINANCES, OR COMPLIANCE WITH THE RULES ENTITY WITH JURISDICTIONAL AUTHORITY OVER	LINES, NOR DOES IT CO AURORA BUILDING A S, REGULATIONS AND P	ONSTITUTE APPROVAL OF OR COL AND SAFETY REQUIREMENTS OF ERMITTING REQUIREMENTS OF A	MPLIANCE R ZONINC
ACTION TAKEN BY THE REVIEWER:			
() Approved (request submitted is approved)			
() Approved with Conditions (request submitted is	conditionally approved su	ubject to noted conditions)	
() <b>Disapproved</b> (the entire request is <b>not approved</b> additional information or acceptable revisions and rec	and <b>no work may comm</b> ceives final approval)	ence unless application is resubmitte	d with
Reviewer Signature:		Date: //	
Reviewer Name (printed) / Position:			
INITIAL IF ATTACHING COMMENTS or CONDIT	TIONS		

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