

**MOUNTAIN SHADOWS HOMEOWNERS' ASSOCIATION
ARCHITECTURAL PATIO APPLICATION**

DATE _____ EMAIL _____

UNIT ADDRESS _____

MAILING ADDRESS _____

UNIT PHONE NO. _____ HOME PHONE NO. _____

REQUEST FOR: (Include exact specifications/drawing where applicable) Attach drawings/measurements on a separate sheet

You are hereby advised that the following work is proposed, and approval is requested. Attached are sketches or drawings of the work to be completed and types of material to be used are indicated on the drawings/plans.

++ If you are considering Removing or Adding any plant material, attach a Landscape Request Form.

I have received and reviewed a copy of the 2021 Architectural guidelines and the read the CCR'S Article 5-Use and Restrictions, Granting Easements and License and Article 6- Repair and Maintenance prior to this submission. When approved and prior to any work started, I agree to sign an Affidavit stating the above forementioned has been reviewed and will follow all of the guidelines.

OWNER _____ SIGNATURE _____
(Please print)

The above request has been reviewed by the Architectural Committee and the Board of Directors and has been:

Approved _____ Rejected _____
Held pending further information _____

Comments _____

Date Reviewed _____ APPROVED

