



PELICAN POINTE HOMEOWNERS ASSOCIATION
Architectural Review Committee (ARC) Improvement Request

Weststar Management
 6795 E Tennessee Ave, Ste 601
 Denver, CO 80224

Jean@weststarmanagement.com www.weststarmanagement.com
 720-941-9200 ext 55/720-941-9202 fax

NAME: _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

My request involves the following type of improvement: (PLEASE SUBMIT ALL PROPER INFORMATION FOR REVIEW)

- | | | |
|-------------------|------------------------|-------------------------------------|
| - Deck/Patio Slab | - Landscaping | - Screens/Screen Door/Security Door |
| - Air Conditioner | - External Improvement | - Windows |
| - Front Door | - Satellite Dish* | - Other _____ |

Describe Improvement: (Include paint sample, building materials, landscape plans and other plans or brochures for patios or decks). _____

Planned Start Date _____ Planned Completion Date _____

I understand that I must receive approval of the Architectural Review Committee in order to proceed. I understand the ARC process may take up to 30 days. No additions to or modifications of any part of the exterior of the building in which my unit is located, including its patio, may be made unless and until I have received the approval from the ARC. I understand that ARC approval does not constitute approval of the local building department and that I may be required to obtain a City Permit appropriate to the work planned. I agree to complete improvements promptly after receiving approval. I have read the instruction sheet and will comply. I also understand that I shall maintain proper drainage away from my foundation and not impede proper drainage swales on my lot when installing landscape or building improvements. Upon the completion of my improvement I hereby authorize the ARC and Weststar Management to enter onto my property exterior inspection at a mutually agreed upon time.

Homeowner Signature _____ Date _____

*(A satellite dish installed in compliance with the Association's Guidelines for installation of sat dishes will not require prior approval.)

ARC ACTION: ___ Approved
 ___ Approved subject to the following requirements _____

 ___ NOT Approved _____

Architectural Review Committee Member _____ Date _____

Please remember to get any permits that may be required for your improvement from the City before you begin work.