

Design Review Request

Precision Management
P.O. Box 27054
Lakewood, CO 80227

FOR OFFICE USE ONLY

Date received _____
Crucial date _____
Date sent to committee _____
Date rcvd from committee _____
CM _____

Name _____ Association _____
Address _____ Home phone _____
City _____ State _____ Zip _____ Work phone _____

Improvement requested

- Interior Remodel Basement Build Out Window Replacement
 Garage Slab Replacement Other _____

Description of improvement

Attach additional documentation as needed

Planned completion date _____

I understand that I must receive approval of the Association in order to proceed. I understand that Association approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I agree to complete improvements promptly after receiving approval. I have read the instruction sheet and will comply.

Homeowner's signature _____ Date _____

Committee Action

- Approved as submitted
 Approved subject to the following requirement(s)

- Disapproved for the following reasons

Completion required by _____

Committee member signature _____