## STROH RANCH

## Community Association, Inc. Architectural Request Form

Submit form and plans to PCMS via email at <a href="mailto:designreview@pcms.net">designreview@pcms.net</a> or mail to 7208 S. Tucson Way, Suite 125, Centennial, CO 80112

| For Official Use Only |  |  |
|-----------------------|--|--|
| Date Checked In PCMS  |  |  |
|                       |  |  |

| Homeowner Name:   |  |  |
|---|--|--|
| Address:  | Home Phone   | Work Phone   |
| Email Address:  |  |  |
| My request involves the f                               | following type of improvement:   |  |
| Deck/Patio Slab   | Drive/Walk Addition  | Basketball Backboard   |
| Landscaping   | Patio Cover  | Home Addition  |
| Fencing   | Other  |  |
| Painting - Form mu                                      | ust be initialed here to confi   | m required photos have been included   |
| Scheme from binder: Sche                                | me #   |  |
| Custom Scheme: Manufac                                  | turer  | Color names and numbers  |
|   |  | Accent   |
|   |  | been mailed or dropped off (Required for custom schemes only)  |
| Roofing - Form mu                                       | ist be initialed here to confir  | m required photo has been included   |
| Manufacturer  | Line _   | Color  |
|   |  | nunity-Wide Standards Document or contact PCMS for requirements.   |
| approval does not constitu<br>permit. I agree to comple | te approval of the local building de<br>ete improvements promptly after r  | Committee (AC) in order to proceed. I understand that AC epartment and that I may be required to obtain a building eceiving approval. I hereby authorize the Architecturanspection at a mutually agreed upon time. |
| Date:   | Homeowner Signature:   |  |
| property owners initials of a project, but only that t  | indicates that I have seen the pla<br>or refusal to initial the plans, doe | ns for my neighbors proposed improvement. Adjacent<br>es not and will not indicate approval or disapproval of<br>I concept of the project. If I have questions and/or<br>ntact PCMS at 303-224-0004.               |
| Name (printed)  | Signature/Date   | Address  |
|   |  |  |
|   |  |  |
|   |  |  |