



Founders Village

Founders Village Community Association Architectural Submittal Form **Painting**

Mail-In Founders Village Community Association
C/O PCMS
7208 S. Tucson Way Suite 125
Centennial, CO 80112
Phone: 303-224-0004
Email: support@pcms.net

Drop Off Founders Village Ridge House
4501 Enderud Blvd.
Castle Rock, CO 80104

Name of Applicant _____

Property Address _____ Castle Rock, CO 80104

Cell Phone _____ Email: _____

Mailing Address (if different than property address) _____

Applicant is aware that he/she will be notified if additional information is needed. Any application will automatically be disapproved at the end of 10 days from the application submittal date if the specified information is not received. All applications are automatically denied 45 days from submittal date if no response has been provided.

Paint Book Scheme: (enter color name and # for each area) Color Scheme # _____
Body _____ Accent/Punch** _____
Trim _____

Please note that a photo of the front of your home and both adjacent neighbors' homes will also need to be provided

Custom Colors: Hard samples of proposed colors are required if colors are not selected from the Paint Pallet books. Please provide the manufacturer (ACE, Sherwin Williams, etc.), name of color and color #, a photo of your home and photos of both your adjacent neighbors' homes.
Brand name _____
Body _____
Trim _____
Accent/ Punch ** _____

****Accent color also known as Punch color is to be used for doors and shutters only. For a variance to be considered, please include a drawing or detailed description indicating the areas and the colors to be use, and a general description of the colors (and use on) the house on either side of your home.**

Owner Comments/Requests: _____



Signature: _____

Start Date ____ / ____ / ____

Completion Date ____ / ____ / ____