

**APPENDIX A
ARCHITECTURAL REVIEW REQUEST FORM**

Avion Metropolitan District
Timberline District Consulting
2641 E Uintah St. Box 9001
Colorado Springs, CO 80909

FOR OFFICE USE ONLY

Date Received: _____
Crucial Date: _____
Date Sent to ARC: _____
Response Received: _____

NAME: _____

ADDRESS: _____

PHONE(S): _____

E-MAIL: _____

My request involves the following type(s) of improvement(s):

Landscaping
Deck/Patio Slab
Roofing
Painting

Drive/Walk Addition
Patio Cover
Painting
Basketball Backboard

Fencing
Other: _____

Please describe proposed improvements in the area below or on a separate sheet.

Include two copies of your plot plans, and describe improvements showing in detail what you intend to accomplish (see Article 2 of the Rules and Regulations of Avion). Be sure to show existing conditions as well as your proposed improvements and any applicable required screening (see the Rules and Regulations for requirement details for your specific proposed Improvement).

I understand that I must receive approval from the ARC in order to proceed with installation of Improvements if Improvements vary from the Rules and Regulations or, are not specifically exempt. I understand that I may not alter the drainage on my lot. I understand that the ARC is not responsible for the safety of Improvements, whether structural or otherwise, or conformance with building codes or other governmental laws or regulations, and that I may be required to obtain a building permit to complete the proposed Improvements. The ARC and the members thereof, as well as the District, the Board of Directors, or any representative of the ARC, shall not be liable for any loss, damage or injury arising out of or in any way connected with the performance of the ARC for any action, failure to act, approval, disapproval, or failure to approve or disapprove submittals, if such action was in good faith or without malice. All work authorized by the ARC shall be completed within the time limits established specified below, but if not specified, not later than one year after the approval was granted. I further understand that following the completion of my approved Improvement the ARC reserves to right to inspect the Improvement at any time in order to determine whether the proposed Improvement has been completed and/or has been completed in compliance with this Architectural Review Request.

Date: _____ Homeowner's Signature: _____

ARC Action:

- ☐ Approved as submitted
- ☐ Approved subject to the following requirements:
- ☐ Disapproved for the following reasons:

All work to be completed no later than: _____

Date: _____ Signature: _____