

ARCHITECTURAL REVIEW REQUEST FORM

Beacon Point Metropolitan District
beaconpoint@westwindmanagement.com

HOMEOWNER'S NAME(S): _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE(S): _____

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

- | | | | |
|-------------|-----------------|---------------|----------------------|
| Landscaping | Deck/Patio Slab | Roofing | Drive/Walk Addition |
| Painting | Patio Cover | Room Addition | Basketball Backboard |
| Fencing | Other: | | |

Provide a copy of your plot plan, and describe improvements showing in detail what you intend to accomplish (see Article 2 of the Standards). Be sure to show existing conditions as well as your proposed improvements and any applicable required screening. Example: if you will be building a storage shed, be sure to indicate lot size, fence locations, dimensions, materials, any landscape or other screenings, etc. (see the Standards 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 Standards 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 the 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: _____

ARC Signature: _____ Date: _____