## CIMA VISTA CONDIMUNIUM HOMEOWNER ASOCIATION Attachment 1 ARCHITECTURAL IMPROVEMENT APPLICATION

\*\*\*NOTE: The HOA has 30 days to act on any request, please plan accordingly\*\*\*

TO: Cima Vista COA c/o Warren Management Group 1720 Jet Stream Drive, Ste 200 Colorado Springs, CO 80921 <u>CimaVista@warrenmgmt.com</u>

Owner/s Printed Name:\_\_\_\_\_

Address of proposed improvement:

E-mail Address (Note: failure to provide an e-mail address may delay your Approval):\_\_\_\_\_

Phone Number(s):\_\_\_\_\_

<u>Detailed</u> description of work to be performed including dimensions, materials, colors etc. <u>One request per</u> <u>form</u>. Please include paint chip samples if relevant:

Statements of understanding (PLEASE INITIAL ALL):

\_\_\_\_\_ I understand I am solely liable for compliance with all applicable laws, ordinances, codes, permit requirements and safety requirements pertaining to the requested improvement.

\_\_\_\_\_ I agree to hold the HOA, its board and all assignees harmless in case of civil or criminal legal proceedings as a result of the requested improvement

\_\_\_\_\_ I understand if this is a paint request that trim AND doors related to trim must be painted at the same time using the paint and color specified in **Attachment "A"**.

I have attached all supporting materials including dimensions, materials, colors, drawings, photos etc. I have completed one form per item requested, I understand any forms with more than one request will be returned

Homeowner Signature:	 	 (Contractor	or other	than owner	: will

not be accepted) Date of Owner's Signature:

DC	O NOT WRITE B	ELOW THIS LINE	
For Architectural Control Committee Use Only:	APPROVED	DISAPPROVED	
Comments:			

ACC/Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_