



FOR OFFICE USE ONLY

Date Received MCA _____

Crucial Date _____

Date Sent To Committee _____

Date Rcvd From Committee _____

**Master Community Association at Central Park
Residential Renovation & Remodeling Design Review**

C/O MCA Business Director

8351 E Northfield Blvd

Denver, Colorado 80238

(303) 388-0724 ♦ Fax (303) 388-1673

Name: _____ Association: MCA

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Design review is limited to residential units and is only for material changes to the exterior of a home. Approval is required ONLY for: Improvements involving an addition or deletion of square footage to a home; addition of an exterior deck or balcony at the primary entry or above the first floor of the home; substantial change to the architectural style and character of the home; adding an accessory or additional structure on the lot (other than sheds or storage structures), and; substantial change to the roof plane or lines of the home.

My request involves the following type of improvement:

- Room addition/deletion (adding or removing sq. footage)
- Architectural style change
- Moving a fence line from original location
- Exterior deck/balcony at the primary entry or above the first floor of the home
- Additional structure
- Roof plane change

Describe improvements (attach additional documentation and design plans as needed):

Planned completion date: _____

I understand that I must receive approval of the Association in order to proceed. I understand that Association approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I agree to complete improvements promptly after receiving approval. The Committee shall reply in writing within 45 days of receipt.

Date: _____ **Homeowner's Signature:** _____

Committee Action:

- Approved as submitted
- Approved subject to the following requirements:

- Disapproved for the following reasons:

Completion required by : _____

Committee Member Signature: _____ Date: _____