

**GREEN VALLEY RANCH NORTH (TOWN CENTER)  
DESIGN REVIEW APPLICATION**

**Email applications to:**  
dtorres@timberlinedc.com

OR

**Mail to:**  
650 Glen Creighton Dr, Unit 160,  
Dacono, CO 80514

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Homeowner Email Address: \_\_\_\_\_

My request involves the following type(s) of improvement(s), (Check all that apply): A copy of your plan showing the location of the proposed improvement must be included with this submittal.

- |                              |                           |                      |
|------------------------------|---------------------------|----------------------|
| _____ Basketball Backboard   | _____ Fencing             | _____ Play Equipment |
| _____ Deck/Patio Slab        | _____ Landscaping         | _____ Painting       |
| _____ Roofing/Solar          | _____ Shed                | _____ Patio Cover    |
| _____ Sauna/Hot Tub          | _____ Security/Patio Door | _____ Window (s)     |
| _____ Other (Describe) _____ |                           |                      |

**ATTACH PLANS AND SPECIFICATIONS:** Describe proposed improvement below, include site plan, sketch of lot, paint chips, building materials, landscape plans, fence layout, elevation drawings, brochures (i.e. patios, decks, structures) etc.

Anticipated Date of Completion: \_\_\_\_\_

**I understand that I must receive approval from the Town Center Metropolitan District in order to proceed and that a response may take up to 30 days.** I understand that design approval does not constitute approval of the local building department and that I may be required to obtain a building permit. Approvals are based on conformance with the Metro Districts governing documents and aesthetic concerns. No representation is made by the Town Center Metropolitan District of approval of structural integrity. Drainage issues and existing slopes are crucial elements to be considered when installing improvements. Each owner is individually responsible for any change to the grade or for changes to the flow of water onto adjacent properties. I agree to complete improvements promptly after receiving approval and by the required completion date. I understand that all projects are subject to final inspection by Town Center Metropolitan District and that if the modifications are made to the plans, I must resubmit them for approval.

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If you have not been contacted by management, please do not assume your form was received and for your protection do not begin any changes or improvements until you have confirmation from the Town Center Metropolitan District through management.**

(Town Center District Use Only)

DRC ACTION \_\_\_\_\_ Approved as submitted \_\_\_\_\_ Approved with conditions \_\_\_\_\_ Denied as submitted

Conditions for Approval Include the Following:

Reason for Denial Include the Following:

REQUIRED COMPLETION DATE: \_\_\_\_\_

Design Review Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Design Review Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_