

Board of Directors of the Corinthian Hill Property Owners Association -  
444 Ensign Drive, Dillon CO, 80435  
(970) 468-8363

**REQUEST FOR EXTERIOR OR LANDSCAPE CHANGES**

1. ALL REQUESTS MUST BE SUBMITTED IN WRITING
2. APPROVAL OF THE CORINTHIAN HILL BOARD OF DIRECTORS MUST BE RECEIVED PRIOR TO COMMENCEMENT OF WORK\*.
3. SUBCONTRACTOR CONTRACTS OR TIMEFRAME SHOULD NOT BE ESTABLISHED UNTIL REQUESTED DOCUMENTS/DRAWINGS, PERMITS, LICENSES & REQUIRED APPROVALS ARE RECEIVED.

*ADDRESSES OF ALL PROPERTY AFFECTED (INCLUDE ALL IF MULTI-UNIT DWELLING)\**

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*NAME OF INDIVIDUAL PROPERTY OWNER & ASSOCIATED INFORMATION \**

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

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

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

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

**\*Multi-unit dwellings require a separate signed request from each home owner. All owner requests for changes to multi-unit dwellings must be submitted simultaneously for approval process to commence. Such requests will be considered as a single request in the approval process.**

***NATURE OF CHANGE-*** Engineered plans, photos, detailed explanation & permit information required. Attach separate sheets, drawings, plans or explanations if necessary. Photos and drawings will help expedite landscape modifications.

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***SAMPLES OF PRODUCTS*** – i.e. Paint, shingles etc. must be attached for request to be reviewed. This is not necessary in the case of tree pruning or removal.

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**REQUESTED DATE FOR WORK TO COMMENCE:** \_\_\_\_\_

**DATE OF COMPLETION (Written progress report required on projects requiring extension of this date):** \_\_\_\_\_

**NAME OF CONTRACTOR(S)** \_\_\_\_\_

**ADDRESS OF CONTRACTOR** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**NAME OF CONTRACTOR(S)** \_\_\_\_\_

**ADDRESS OF CONTRACTOR** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**OWNERS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ACC RECOMMENDATION TO BOARD FOR APPROVAL OR DENIAL:**

\_\_\_\_\_ **DATE** \_\_\_\_\_

**ACC COMMENTS OR REQUIREMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BOARD APPROVAL OR DENIAL:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BOARD COMMENTS OR REQUIRMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PRESIDENT OF CHPOA BOARD OF DIRECTORS**

\_\_\_\_\_ **DATE** \_\_\_\_\_