

# SOUTHBRIDGE 7 HOMEOWNERS ASSOCIATION

## DESIGN REVIEW REQUEST FORM

HOMEOWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

DESCRIPTION OF PROPOSED CHANGE TO EXTERIOR OF HOME PROPERTY:

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STARTING DATE FOR THE PROJECT: \_\_\_\_\_ EXPECTED COMPLETION DATE: \_\_\_\_\_

(Please allow 30 days for Committee's approval)

HOMEOWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please include with your submittal any paint samples, pictures, drawings, or plans which help explain the project for which you would like architectural approval.

SEND TO:

**ARCHITECTURAL CHAIRMAN  
SOUTHBRIDGE 7 HOMEOWNERS ASSOCIATION  
c/o BRE REAL ESTATE, INC.  
7936 E. ARAPAHOE CT., SUITE 2100  
ENGLEWOOD, CO 80112  
FAX: 303-804-9850**

PLEASE ALLOW **30 DAYS** FOR A RESPONSE TO YOUR SUBMITTAL. IF YOU HAVE ANY QUESTIONS ABOUT THE SUBMITTAL PROCESS PLEASE CONTACT VIC KASSEL AT 303-804-9800, OR CONTACT ONE OF THE BOARD MEMBERS.

COMMITTEE RECOMMENDATIONS:

DATE: \_\_\_\_\_

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Signature

Signature

Signature

BOARD OF DIRECTORS ACTION:

DATE: \_\_\_\_\_

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