

Red Rocks Subdivision

ARCHITECTURAL REVIEW COMMITTEE FORM

Homeowner Request to Make ANY Exterior and/or Landscape Change

NAME: _____

RED ROCKS ADDRESS (Location of Project): _____ DATE: _____

PHONE: _____ EMAIL: _____

PROJECT DESCRIPTION (please attach sketch/vendor literature as needed):

By signing this document, I acknowledge the plot plan and work proposed represent my intent. I agree to comply with any and all Red Rocks Subdivision's CCRs and current policies that pertain to the work proposed. I have read and understand the CCRs as they apply to setbacks, material, and height restrictions, and any fence is built within my lot lines. I understand that any improvement on an easement or which does not meet setback requirements are subject to removal at my expense. I understand approval by the Architectural Committee does not constitute approval of the local building departments regarding building code requirements and that any permits required by the City of Fruita or Mesa County are my responsibility.

APPLICANT'S SIGNATURE: _____

ARC REVIEW AND DISPOSITION

Approved as submitted (date): _____ Approved with conditions (date): _____ Disapproved (date): _____

Approval expires one year from the date of signed approval.

Comments:

Committee Member Signature: _____

Please mail, scan and email or fill out and save as file with your Last Name and email to:

Red Rocks Valley HOA, Christine Sartoris, Community Association Manager

PO BOX 654, FRUITA CO 81521

Email: christine@cicmanagementsolutions.com