

**The COVE at Grant Ranch  
HOMEOWNERS ASSOCIATION**

**DESIGN REVIEW REQUEST FORM**

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

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

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

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DESCRIPTON OF CHANGES TO BE MADE TO THE PROPERTY:

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

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  
THE COVE at GRANT RANCH HOMEOWNERS ASSOCIATION  
c/o BRC REAL ESTATE CORPORATION  
9331 COMMERCE CENTER ST #1A  
HIGHLANDS RANCH, CO 80129  
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 VICKI PEPPERS AT 303-804-9800, OR CONTACT ONE OF THE BOARD MEMBERS.

COMMITTEE RECOMMENDATIONS:

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

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

Signature

Signature

Signature

BOARD OF DIRECTORS ACTION:

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

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