BANNING LEWIS RANCH metro district

FOR OFFICE	USE ONLY
Date Received MS	SI

	4 1 5 6 1 1 6 6		Crucial Date	
Design Review Request c/o MSI, LLC 8610 Explorer Drive, Suite 130		Date Sent to Committee Date Rcvd From Committee		
				CM
			Colorado Springs CO 80920	-1058
	(719) 578-5610 – Fax: (719) 578 banninglewisranch@msihoa		- Troquestin	
	<u>banınıngiewistancı e insinoa</u>	i.COIII		
Name:		Call F	Phone: ()	
		, ,		
			State/Zip:	
Work/Home Phone:	: ()	Email:		
My request involve	es the following type of impro	vement:		
Painting	□ Deck/Patio Slab	□ Roofing	□ Drive/Walk Addition	
☐ Landscaping	☐ Patio Cover	☐ Room Addition	☐ Basketball Backboard	
☐ Fencing				
g				
(Home	owner's Initials) District Pro	operty cannot be used:	for property improvements.	
			contractors. Please include a	
			s without a property access	
, , ,		NOT be approved.	, , , , , , , , , , , , , , , , , , ,	
Describe improve	ments (Attach site plan or mag	o of specific improvement	s - do not draw them below):	
	ants may be downloaded from htt	•	-	
Tour District Govern	ants may be downloaded from <u>ma</u>	.p.//barminglewisranchineuro	<u>district.com</u>	
Plane Language and Late				
Planned completion	on date			
Initials: I have read and understood and agree to adhere to the Homeowner Design Guidelines.				
		J	3	
Initials: I understand that the backyard landscaping must be completely installed no later than				
October to be elig	gible for any escrow money pe	er the Homeowner Desig	n Guidelines.	
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			review the request. It is further	
	eceive \$875.00 of my \$1,000			
approved project (\$125.00 fee charged for Design Review and Inspection). Once inspection is completed and Metro District notified, the escrow will be processed within 60 DAYS afterwards. (this				
only applies to new builds)				
omy applied to h	,			
Date:	Homeowner's Signature:			
0 144 1				
Committee Act				
Approved as submitted				
☐ Approved subject to the requirements listed on the Banning Lewis Ranch "Design Review Application Conditions" – Conditions Sheet Attached. Additional requirements include:				
Conditions – OC	Shallono Shoot Attached. Additi	onal requirements include.		
☐ Disapproved for the following reasons:				
Committee Member	r Signature:		Date:	