



Ancillary Improvement Submittal Form

Submit to:

clientservices@advancehoa.com OR 303-495-5895 (fax)

Water Valley Master Association c/o Advance HOA Management, Inc.

P.O. Box 370390, Denver, CO 80237

Date Submitted: _____

Property Owner Name _____ Phone Number _____

Property Address _____ Email _____

Please specify type of request.

- | | | |
|---|--|---|
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Fencing | <input type="checkbox"/> Dog Run |
| <input type="checkbox"/> Front Landscaping | <input type="checkbox"/> Lighting | <input type="checkbox"/> Outbuilding (Pelican Hills Only) |
| <input type="checkbox"/> Rear Landscaping | <input type="checkbox"/> Roofing/Gutters | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Deck/Patio/Pergola | <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Home Remodel/Expansion |
| <input type="checkbox"/> Concrete/Pavers | <input type="checkbox"/> Windows/ Doors | <input type="checkbox"/> Other – <i>Specify Details Below</i> |

Application must include pictures, colors, materials, dimensions, or other information that will be helpful to understand and thoroughly evaluate your request. **A diagram, to include plot plan is required for all landscaping submissions.**

Additional Information _____

*The Design Guidelines have been approved by the Association and are provided to encourage all residential exterior construction to be completed in conformity with the provisions for architectural control. I, the homeowner, understand that written approval must be received from the Water Valley Master Association Design Review Committee **prior** to commencement of work. I understand that HOA approval does not constitute approval of the local Town/County building departments and additional permitting may be required for my project. I understand that the Committee has up to 60 days to review and respond to my request. I will maintain proper drainage swales when installing landscaping or building improvements. I agree to complete improvements in a timely manner after approval of the Design Review Committee.*

Homeowner Signature

Date

Committee Action *(for office use only)*

- Approved as submitted
- Approved with Conditions, subject to the following requirements _____

Denied _____

Committee Member Signature _____

Date _____