Meadowbrook Heights Metro District
Design Review Request Form

Office Use Only
Date Received:
Date Responded
To Committee:
Approved:

Name: _____ **Home Phone:** _____

Address: _____ **Work Phone:** _____

City/State/Zip: _____ **Email:** _____

My request involves the following type of improvement:

❑ Painting ❑ Deck/Patio Slab ❑ Roofing/Siding/Windows ❑ Siding

❑ Landscaping ❑ Patio Cover ❑ Drive/Walk Addition ❑ Windows

❑ Fencing ❑ Other: _____

Describe improvements in detail; include specifics about the color, size, style. Include online links if available. Attach a site plan or map to the of specific improvements to your email.

_____

_____

_____

_____

_____

Planned start date: _____ **Planned completion date:** _____

Please note that the ACC has up to 45 days to respond to your request. We will make every effort to meet your planned start date requests. Note: If you have not been contacted by management, please do not assume your form was received, and for your protection do not begin any changes or improvements until you have received written approval from your ACC through management.

I understand that I must receive approval of the District in order to proceed. I understand that District approval does not constitute approval of the local building department and that I may be required to obtain the applicable City/County permit(s). I understand that my improvements must be completed per specifications or approval is withdrawn. I understand that I must maintain proper slope and drainage patterns regardless of overall changes made. I agree to complete improvements promptly after receiving approval.

Date: _____ **Homeowner's Signature:** _____

OFFICE USE ONLY:

❑ Approved as submitted

❑ Approved subject to the following requirements:

❑ Disapproved for the following reasons:

Committee Member Signature: _____ Date: _____