

**ATTACHMENT A-3**  
**APPLICATION FOR APPROVAL OF GENERAL ARCHITECTURAL IMPROVEMENTS**

Mail or Delivery: Sterling Ranch DRC, 8390 E. Crescent Parkway, #300, Greenwood Village, CO 80111  
Email: submit@sterlingranchdrc.com

**Owner Name** \_\_\_\_\_ **Property Address** \_\_\_\_\_  
*Please print clearly*

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Accessory Building         | <input type="checkbox"/> Deck/Gazebo/Pergola | <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Play Structure     |
| <input type="checkbox"/> Air Conditioning           | <input type="checkbox"/> Deck Cover          | <input type="checkbox"/> Exterior Lighting | <input type="checkbox"/> Pool/Water Feature |
| <input type="checkbox"/> Other _____                |  |  |   |
| <input type="checkbox"/> Addition/Expansion to Home |  |  |   |

(Note: Initial Fee must be enclosed for review of plans – either \$150.00 for Addition/Expansion to Home or \$50.00 for all other requests)

*I understand that I must obtain approval from the Sterling Ranch Community Authority Board ("CAB") prior to proceeding with this project, and that the DRC has up to 30 days to review this submittal from the date all acceptable materials are received by the DRC. In the event that no response is received by the 31<sup>st</sup> day, I understand that the submission is deemed denied and I must contact the DRC to determine the status of this submittal. I understand that additional standards or statutes may be imposed by Douglas County and/or the State of Colorado and that I am solely responsible to determine what those standards or statutes may be. I affirm that I am the Property Owner of the property referenced above with full authority to sign this application.*

_____	_____
<i>Homeowner Email Address</i>	<i>Print Name of Applicant</i>
_____	_____
<i>Homeowner Phone Number</i>	<i>Signature of Applicant</i>
	_____
	<i>Date</i>

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*Sterling Ranch Community Authority Board Use Only Below This Line*

**APPROVED** \_\_\_\_\_

**APPROVED w/CONDITIONS**  
*Condition 1* \_\_\_\_\_  
*Condition 2* \_\_\_\_\_  
*Condition 3* \_\_\_\_\_

**DENIED** (*Reason(s) for denial*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Representative* *Date*