

**SEASONS HOMEOWNERS ASSOCIATION, INC.**

Source HOA  
1404 Hawk Parkway, Unit 215, Montrose, CO 81401

[info@sourcehoa.com](mailto:info@sourcehoa.com)

**Design Review Committee Submittal**

Seasons is a master planned community. Conditions, Covenants, and Restrictions (CC&R's) are recorded with each lot to help protect property values and maintain desired lifestyles. All property owners are required to obtain written approval from the Seasons Design Review Committee PRIOR to making any changes, improvements or additions to the exterior of their property.

Please complete the form below and attach an accurate drawing of your Lot depicting the exact location of your proposal. These should include a site plan and an elevation showing the proposed location, dimensions, colors, and materials. Also include color and material samples. Drawings of brochures of similar projects may also be submitted. Sufficient information must be provided to enable the Committee to understand your proposal and its potential impact in order to avoid unnecessary delays. All items submitted will be retained for the records of the Design Review Committee.

Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Physical address of property \_\_\_\_\_

Home Phone \_\_\_\_\_ Business or Cell Phone \_\_\_\_\_

Proposal (short description) \_\_\_\_\_

\_\_\_\_\_ Work to be performed by: \_\_\_\_\_

Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Please read and sign the statement below. **(Must be signed by the Homeowner before submittal will be reviewed.)**

My Homeowners Association fees are paid—and current.

I owe no liens and /or fines to the association.

I will comply with all applicable City and State laws and obtain all required permits.

I will maintain all improvements

I understand and agree that:

1. The Seasons Design Review Committee will return a letter of determination to me after a review within thirty (30) days.
2. No work shall commence until written approval of the Design Review Committee has been received by me.

HOMEOWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please return the submittal form to the Seasons Homeowners Association for review.**

Form Received: \_\_\_\_\_ Tracking number: \_\_\_\_\_

Sent to Committee: \_\_\_\_\_ Form completely filled out: YES \_\_\_\_\_ NO (form returned) \_\_\_\_\_

Committee Recommendation and Date: \_\_\_\_\_ Board Approval Required: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Design Review Committee Comments: \_\_\_\_\_

Board of Director's Decision: \_\_\_\_\_

Board Signature: \_\_\_\_\_ Owner Notified: \_\_\_\_\_

**PLEASE SUBMIT A SKETCH OR DRAWING OF THE PROPOSAL IN THE SPACE PROVIDED AND INCLUDE ANY OTHER PICTURES, DRAWINGS OR OTHER INFORMATION (including colors) THAT WILL HELP IN THE COMMITTEE'S REVIEW PROCESS.**

**SKETCH AREA**

**NOTES / EXPLANATIONS:**