SKY RANCH COMMUNITY AUTHORITY – ARCHITECTURAL REQUEST FORM

8390 E Crescent Pkwy, Suite 300 • Greenwood Village, CO 80111 • 303-779-5710

Please contact DesignReview@CLAConnect.com to submit your request or with questions.
Homeowner Name Phone Number
Address
Email Address
NATION AND THE REPORT OF THE TAXAGE STREET, AND A
My request involves the following type of improvement, please describe:
Planned Completion Date
I understand that I must receive approval in order to proceed. I understand that approval does not constitute
approval of the local building department and that I may be required to obtain a building permit. I agree to complete
improvements promptly and within the Design Guideline standards after receiving approval.
Owner Signature