

# SKY RANCH COMMUNITY AUTHORITY – ARCHITECTURAL REQUEST FORM

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

Please contact [DesignReview@CLACoconnect.com](mailto:DesignReview@CLACoconnect.com) to submit your request or with questions.

Homeowner Name	Phone Number
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Address

Email Address

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