

Southwest Timnath Metro District

ARCHITECTURAL DESIGN APPLICATION

NAME OF OWNER(S): _____

ADDRESS OF RESIDENCE: _____ HOME/CELL PHONE: _____

WORK: _____ E-MAIL: _____

Please indicate the type of improvement: (Mark with an X) _____ **NEW HOME** _____ **LANDSCAPING** _____

_____ Driveway/Walk Addition _____ Deck/Patio Slab _____ Fencing _____ Patio Cover _____ Shed _____ Painting _____ Roofing

_____ Other (please explain): _____

Describe improvements below: Send in Sketches, drawings, plans, paint swatches, pictures, brochures, etc. with completed ADA.

Mail in ADA, or scan/e-mail to the office or put in black drop box at the community center.

District E-mail: manager@swtmd.com

DESCRIPTION OF PROPOSED WORK

Applicant agrees and understands that submittal of this application does not fulfill all the conditions and requirements for an approval. In addition to this completed Architectural Design Application the applicant must submit one set of plans/drawings/sketches/photo's with specifications of any improvements or construction showing location, height, width, length, colors, copy of brochure, materials or "information" cut sheets" from the manufacturer. It is especially important to include the location of any improvements in relation to the lot lines and the home. **STWMD Guidelines should be followed.**

Applicant agrees to maintain proper drainage swales on the lot when making any lot/landscape improvements, while keeping in mind the side lot & back lot setbacks, and all utility easements in the lot. Drainage should remain the same or have qualified person sign off on a new drainage plan. Proper drainage is required to handle storm events and irrigation drainage of your lot. **Keep proper drainage flows under District fence, do not pile landscape material onto District fence.**

Landscape projects; Submit landscape plans/drawings showing the species, size, shape, height, color, and materials, of the proposed landscaping if you can. It is especially important to include the location of any landscape in relation to the lot line and the home. Keeping in mind, trees should be at least 5 feet from property lines and shrubs at least 3 feet from property lines.

Applicant agrees to maintain proper drainage swales on the lot when adding landscape improvements, while keeping in mind side lot, back lot setbacks and all utility easements. Drainage should remain the same or have qualified person sign off on a new drainage plans for your lot. **Proper drainage is required to handle storm events and irrigation drainage of your lot.**

The Architectural Design person may require additional information as it deems necessary to decide. Until all the questions are answered, and any requested information is submitted, the application will be deemed incomplete and the application will stand unapproved. It is further agreed that, in the event the application is approved, all maintenance, repair, or replacement of the approved item will be the sole responsibility of the Owner. All work shall be initiated with consideration of the grounds, aesthetics, timing, and noise factors. **Applicant understands that all necessary permits and approvals from any municipalities or other jurisdictions are the sole responsibility of the applicant and for approval.**

This approval does not apply to any changes of the drainage on your lot or neighboring lots. Drainage should remain the same or have qualified person sign off on a new drainage plan for your lot. Removal of SWTMD fencing or driving on SWTMD landscaping is not allowed for access to yard. No contractor advertising signs allow. Homeowner will be held responsible for any damage to SWTMD property.

The signed off ADA should be retained your records and for proof of the submittal and approval of the ADA/plans. No items are returned from the review, except the signed off ADA and documents that can be scanned. Approved work must be completed within 9 months of approval, or you must re-submit and pay review fees, when required.

THE UNDERSIGNED UNDERSTANDS AND AGREES TO THE ABOVE CONDITIONS:

Mail, scan/e-mail to the Districts: e-mail: manager@swtmd.com PHONE: 970-488-2820

_____/_____/_____/_____

Owner's Signature:

Date:

Print Name:

For Committee Use:

Approval: _____ Denied: _____ Approved upon Completion of Contingencies: _____

Date: ____/____/____

Signed: _____