

Date Submitted: \_\_\_\_\_

***The Preserve Association***  
**ARCHITECTURAL REVIEW REQUEST**  
[contact@hoaservicesco.com](mailto:contact@hoaservicesco.com)

Homeowner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Please indicate a Description of the Proposed Change to Exterior of Home of Property by filling in the appropriate information:

Type of Change: (If it is a landscaping change, please see the Landscaping Section below)

|                         |                           |                         |
|-------------------------|---------------------------|-------------------------|
| _____ Existing Building | _____ Additional Building | _____ Fence/Wall        |
| _____ Canopy/Awning     | _____ Roof                | _____ Exterior Lighting |
| _____ Other: _____      |                           |                         |

Physical Description:

Type of Material: \_\_\_\_\_ Color of Material: \_\_\_\_\_

Dimensions: \_\_\_\_\_ Height: \_\_\_\_\_

Location of proposed change: \_\_\_\_\_

Landscaping:

Please describe the proposed location of landscaping in relation to adjacent lots. Please include in your description the species and height of trees, bushes, shrubs or plants.

Please include with your submittal any pictures, paint samples, drawings, or plans which help explain the project for which you would like architectural approval.

Desired Date for Project: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

By signing below, you acknowledge that all plans and specifications submitted to the Architectural Control Committee are in compliance in all respects with the applicable building and zoning regulations of the City of Grand Junction, County of Mesa.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: The Preserve Association  
c/o HOAServices  
607 S. 7<sup>th</sup> St.  
Grand Junction, CO 81501

Please allow 30 days for a response to your submittal. If you have any questions about the submittal process, please email: [contact@hoaservicesco.com](mailto:contact@hoaservicesco.com)

Committee Recommendations: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Board Member/Officer \_\_\_\_\_ Date: \_\_\_\_\_