

# INSPIRATION™

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## ARCHITECTURAL (ARC) REQUEST FOR CHANGE FORM

### HOMEOWNER INFORMATION

Please provide complete information, including **email** and **phone**, to ensure you receive timely communications regarding the decision of your project. **\*Required**

First and Last Name\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home)\*: \_\_\_\_\_

### PROJECT INFORMATION

Provide as much detail as possible including materials and colors of improvements with photographs (if applicable) as specified in the Procedures for Committee Approval section of the Guidelines. A **plot plan** is required that demonstrates, to scale, where the improvement will be on the lot. Choose the project type\*:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Addition & Expansion               | <input type="checkbox"/> Fire Pit                             | <input type="checkbox"/> Roof                             |
| <input type="checkbox"/> Address Numbers                    | <input type="checkbox"/> Gazebo   Pergola                     | <input type="checkbox"/> Rooftop Equipment                |
| <input type="checkbox"/> Air Conditioning   Evap. Coolers   | <input type="checkbox"/> Greenhouse                           | <input type="checkbox"/> Shutters                         |
| <input type="checkbox"/> Antennae                           | <input type="checkbox"/> Hot Tub   Spa   Jacuzzi              | <input type="checkbox"/> Sidewalk (s)                     |
| <input type="checkbox"/> Awnings   Overhangs   Patio Covers | <input type="checkbox"/> Landscaping   Front Yard             | <input type="checkbox"/> Siding                           |
| <input type="checkbox"/> BBQ   Gas Grills                   | <input type="checkbox"/> Landscaping   Back Yard              | <input type="checkbox"/> Skylight                         |
| <input type="checkbox"/> Basketball Backboards              | <input type="checkbox"/> Landscaping   Side Yard              | <input type="checkbox"/> Solar Energy Devices             |
| <input type="checkbox"/> Compost                            | <input type="checkbox"/> Lights   Lighting                    | <input type="checkbox"/> Statues or Fountain   Front Yard |
| <input type="checkbox"/> Deck   Balcony                     | <input type="checkbox"/> Painting                             | <input type="checkbox"/> Trash Enclosure                  |
| <input type="checkbox"/> Dog House   Dog Run                | <input type="checkbox"/> Patio   Front                        | <input type="checkbox"/> Underground Installation         |
| <input type="checkbox"/> Door   Storm                       | <input type="checkbox"/> Patio   Back                         | <input type="checkbox"/> Utility Equipment                |
| <input type="checkbox"/> Door   Security                    | <input type="checkbox"/> Paving                               | <input type="checkbox"/> Weathervane   Directional        |
| <input type="checkbox"/> Driveway                           | <input type="checkbox"/> Play Structure/House   Sports Equip. |   |
| <input type="checkbox"/> Fence                              | <input type="checkbox"/> Pool                                 |   |

Details about project (description, materials, colors, location etc)\*: \_\_\_\_\_

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Planned Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Have you included a Plot Plan that demonstrates placement/location of improvement\*?  Yes  No

Additional Attachments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must receive written approval from the Inspiration Metropolitan District in order to proceed with any architectural improvements. I understand that approval does not constitute approval of the local building department and/or any other governmental regulations and laws and that I may be required to obtain a building permit.

I agree to complete the improvements promptly after receiving written approval. **Failure to complete the proposed improvement within six (6) months after the date of approval** of the application or to complete the improvement in complete conformance with the conditions and requirements of the approval shall constitute non-compliance and a **resubmittal for approval will be required to complete improvement.**

I hereby authorize the management company, Board, and/or Committee acting on behalf of the District to enter onto my property for exterior inspection at a mutually agreed upon time.

As stated in the Covenants and Restrictions of Rockinghorse and the Residential Improvement Guidelines for all lots, requests will be reviewed within 45 days of submission. **If written approval is not provided within this 45-day period, the application is deemed denied.**

\_\_\_\_\_  
Homeowner Signature\*

\_\_\_\_\_  
Date\*

Submissions can be emailed to: [sharon@amihoa.com](mailto:sharon@amihoa.com)

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Scanned  Yes  No Scanned to: \_\_\_\_\_

Copy given to/placed on desk of: \_\_\_\_\_