

ARCHITECTURAL CONTROL FORM
PINE SPRING RANCH PROPERTY OWNERS ARCHITECTURAL COMMITTEE
NOTE: Please submit form to Committee Member, Gabrielle Pour Toujours (email:
gpourjours1@msn.com or call 970-884-6060)

LOT # _____	ORIG. APPLICATION # _____	
	DATE OF APPLICATION _____	- -
ADDRESS: _____	_____	New Construction
_____	_____	Addition to Existing Property
_____	_____	Change to Existing Property
		Change Request to Previous Application
OWNER'S NAME: _____		BUILDING PLANS:
ADDRESS: _____	_____	Plan Approval Date _____ - -
	_____	Exterior Material _____
PHONE # _____	_____	Exterior Color _____
		Roof Color _____
CONTRACTOR: _____	_____	Living Area (sq. ft.) _____
ADDRESS: _____	_____	Septic or Sewer System _____
	_____	RV used while bldg. Yes __ No __
PHONE # _____	_____	Live in RV while bldg. Yes __ No __
		Surveyor stakes visible Yes __ No __
ARCHITECT: _____	_____	Parking spaces off road Yes __ No __
ADDRESS: _____	_____	Construction begin date _____ - -
	_____	Est. completion date _____ - -
PHONE # _____	_____	

Comments: (Owner/Contractor)

NOTES:

Any changes to the plans submitted and approved above must be re-submitted and re-approved by the Architectural Committee prior to beginning the implementation of any such changes. A final inspection by the Architectural Committee to assure compliance with approved plans prior to the county final inspection will be required.

Plans must be submitted complete with this application. Plans for new construction must include drawings of all floor plans, at least four outside elevations, construction details, roof and foundation plans and completely dimensioned plot plan.

Color samples of all outside and roof colors must be supplied with this application.

Owner' Signature

Contractor's Signature

ARCHITECTURAL COMMITTEE COMMENTS

Plans approved/rejected by:	_____	Date	-	-
Plans approved/rejected by:	_____	Date	-	-
Plans approved/rejected by:	_____	Date	-	-
Plans approved/rejected by:	_____	Date	-	-
Plans approved/rejected by:	_____	Date	-	-

FINAL INSPECTION FORM
PINE SPRING RANCH PROPERTY OWNERS ARCHITECTURAL COMMITTEE

LOT #	_____	INSPECTION DATE:	_____	-	-
ADDRESS	_____	INSPECTOR'S NAME:	_____		

OWNER'S NAME:	_____	CONTRACTOR'S NAME:	_____		
Address:	_____	Address:	_____		

Phone #	_____	Phone #	_____		

ARCHITECT'S NAME: _____

Address: _____

Phone # _____

Note: The final inspection section below must be completed and approved.

FINAL INSPECTION SECTION

Does final construction	Yes ____	Are all buildings, driveways, parking areas, etc.,	Yes ____
conform to approved plans?	No ____	Located in accordance with approved plot plan?	No ____

Inspector's comments: _____

Inspector	_____	Date	-	-	Inspector	_____	Date	-	-
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