



Modification Application

Morrison Ranch Community Council

Contact Information

Homeowner's Full Name _____

Property Address _____

Neighborhood

Select One

Elliot Groves

Higley Estates

Highland Groves

Lakeview Trails North

Lakeview Trails South

Warner Groves

Homeowner Phone # _____

Homeowner Email _____

Location of Modification

Front Yard

Backyard

Other

Nature of Request

Review and approval of plans

Appeal of a "not approved" or any notation of an "approved as noted" Modification Application

Review and consideration of variance of the Design Guidelines

In requesting a review and variance from the Design Guidelines, provide specifications

Proposed Construction or Modification (check one or more of the following):

- | | | |
|---|---|--|
| <input type="checkbox"/> Antenna/Satellite Dish | <input type="checkbox"/> Basketball Goal | <input type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Exterior Paint* See Paint Form | <input type="checkbox"/> Fence/Wall/Gates | <input type="checkbox"/> Windows/Doors/Garage Doors |
| <input type="checkbox"/> Fireplace/BBQ | <input type="checkbox"/> Hardscape Modification | <input type="checkbox"/> Solar Panels/Equipment |
| <input type="checkbox"/> Landscape Modification | <input type="checkbox"/> Lighting/Solar | <input type="checkbox"/> Walkway/Driveway/Pavers |
| <input type="checkbox"/> Patio/Balcony/Courtyard | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Swing Set/Play Set/Trampoline |
| <input type="checkbox"/> Gazebo/Pergola | <input type="checkbox"/> Rain Gutters/Trim/Roof | <input type="checkbox"/> Security/Screen Door |
| <input type="checkbox"/> Shutters | <input type="checkbox"/> Other (please specify) | |

Type of material to be used _____

Color(s) _____

Dimensions _____

Setback from walls _____

Location on lot _____

Samples are welcome and will be returned upon request.

Please include the following with your application:

Photo: Full front or backyard area depending on location of modification

Photo: Area to be changed

Photo/Image: Paver, Security door, pergola, or other item to be installed

Diagram: Project including dimensions

A brochure can be helpful, which may contain images, colors and style as well as dimension.

When do you anticipate the proposed construction or modification described in the plans will be completed? _____

Incomplete submittals will be returned to applicant. Requests will be reviewed within 45 days of the submittal date.

I understand and acknowledge that no work may commence prior to the written approval of the Design Review Board and that I will be liable for all costs necessary to bring any non conforming work into compliance with the Declaration and the Design Guidelines and for such other penalties as provided in the Declaration and Design Guidelines. The Design Review Board (DRB) will act on this request within 45 days of receipt. I also understand if the required information is not included in the APPLICATION, the DRB may not be able to make a valid judgement, and the submittal may be returned for more complete information.

By adding a signature to this form, you authenticate your identity as the homeowner identified above and that you have authorization to submit the request for the listed property, given stipulations of the Associations governing documents. Please remit to Operations Manager, JoAnn Dugan, jdugan@ccmcnet.com.

Signature

Date of Submission

FOR OFFICE USE ONLY – PLEASE LEAVE THE BELOW SECTIONS BLANK

Design Review Coordinator

SIGNATURE: _____