

**Hideaway Townhomes
Unit Modification Request**

**Summit Resort Group
PO Box 2590
Dillon, CO 80435
970-468-2556**

**KLovett@srgsummit.com
Fax 970-468-2556**

The Hideaway Townhomes Unit # _____
Owner Name: _____ Phone _____
(Please print)
E-Mail _____
Property Address _____, Silverthorne, CO
80498
Mailing Address _____
Street or P.O. Box Number _____

City State Zip _____

My request involves the following type of improvement:

_____ Painting or Staining _____ Deck Modification
_____ Window/door replacement _____ Washer/Dryer Addition
_____ Interior re-model
_____ Other: _____

Descriptions of work (include design, nature, size, shape, height, width, color, materials, and location of proposed improvement):

Planned commencement date: _____

Planned completion date: _____

Attachments please include any of the following that pertain to your improvement:

_____ Construction plans _____ Architectural drawings
_____ Elevation drawings _____ Samples or color descriptions (brochure)
_____ Photographs _____ Sample of materials
_____ Permit(s) _____ Insurance certificate naming PCLMM, Inc. AND the
_____ Other HOA as additional insured (this is required for all work)

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I understand that I must receive the written approval from the Association in order to proceed. This approval does not constitute approval of the local building or zoning department, drainage design or structural or engineering safety and/or soundness. I understand that I may be required to obtain building or other permits or approvals prior to commencement of any work. I agree that my failure to obtain required building or other permits or approvals will result in the withdrawal of the Association approval. I further agree not to alter existing drainage patterns on the Lot without the express approval in writing by the ARC (if applicable) or Board of Directors. Within fifteen (15) days of completion of my improvement, I will notify the Association in writing. Upon completion of my improvement, I hereby authorize a delegate of the Association to enter onto my property for exterior inspection at a mutually agreed upon time, if requested. I agree that the failure to notify the Association in writing of the completion of the

improvement, or my refusal to allow inspection, shall result in the withdrawal of the approval. I further agree that if, at any time during the process, the Association or its agent requests to enter onto the lot or requests further information to determine if the improvement is being constructed in accordance with the approved plan and in compliance with the covenants and guidelines, I will comply with the request. I agree that my failure to comply with the request will result in the withdrawal of the approval. I further understand that the Association may request additional information prior to reviewing the request. In addition, I agree that my failure to start or complete the improvement within the time specified on the application shall result in the withdrawal of the approval unless an extension is requested in writing and approved in writing.

An approval is valid for a maximum of 120 days from the date of your notification.

One 15 day extension may be granted, if requested in writing. If your project is not completed within this time frame, you must request a new approval. You should keep a copy of your ARC approval in your personal files and provide a copy of same, if requested in the future.

Homeowner's Signature Date

For Office Use Only

Date received by Management _____

Date sent to ACC (or Board) _____

Date decision received _____

Date owner notified of decision _____