



RIVER VALLEY RANCH
MASTER ASSOCIATION
444 RIVER VALLEY RANCH DRIVE
CARBONDALE, COLORADO 81623

Renovation Permit Application

Owner: _____ Address: _____

Email: _____ Phone: _____ Lot #: _____

Contractor: _____ Phone: _____ Email: _____

Yard Work – Requires Site Plan. Proposed Work is NEW ADDITIONAL REMOVAL REPLACEMENT

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Landscape (all types) | <input type="checkbox"/> Fencing | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Tree |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Walk Path | <input type="checkbox"/> Driveway | <input type="checkbox"/> Trash Dumpster |
| <input type="checkbox"/> Yard Decorations | <input type="checkbox"/> Art | <input type="checkbox"/> Outdoor Kitchen | <input type="checkbox"/> BBQ |
| <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Trampoline | <input type="checkbox"/> Basketball Hoop | <input type="checkbox"/> Swing Set |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Firepit | <input type="checkbox"/> Patio |
| <input type="checkbox"/> Other _____ | | | |

Home Work – Requires Elevation Plan. NEW ADDITIONAL REMOVAL REPLACEMENT

- | | | | |
|--------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Staining | <input type="checkbox"/> Roofing | <input type="checkbox"/> Window |
| <input type="checkbox"/> Venting | <input type="checkbox"/> Radon | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Antennae | <input type="checkbox"/> Out Building (requires site plan also) | | |
| <input type="checkbox"/> Other _____ | | | |

Required Submittal Items

- Site plan showing locations for proposed work. Elevation plans for penetrations in walls or roofs.
- Manufacturers specifications including color pictures and dimensions. Samples may be required.
- Pictures of existing conditions.
- Expected start date ____/____/____ completion date ____/____/____

I accept and acknowledge that all guidelines of the RVRMA Design Review Committee must be followed and may require additional submittal information before approval is granted. At the discretion of the RVRMA General Manager or Community Service Manager this application may be referred to the Design Review Committee for review and final approval.

Authorized Agent _____ Date _____

<input type="checkbox"/> Administrative Review <input type="checkbox"/> DRC Review Required													
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">_____ Administrative Review</td> <td style="width: 20%;"></td> <td style="width: 40%; text-align: right;">_____ \$25.00</td> </tr> <tr> <td>_____ DRC Review</td> <td>\$137.50 / 15 min.</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____ Site Visits Required</td> <td>\$ 75.00 / Each</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____ Permit Fee</td> <td style="text-align: right;">TOTAL:</td> <td style="text-align: right;">_____</td> </tr> </table>	_____ Administrative Review		_____ \$25.00	_____ DRC Review	\$137.50 / 15 min.	_____	_____ Site Visits Required	\$ 75.00 / Each	_____	_____ Permit Fee	TOTAL:	_____	
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