

ARROWHEAD MOUNTAIN ESTATES DESIGN REVIEW COMMITTEE
Application Form

Application Date _____ Meeting Date _____

Type of Review Schematic Plan Final Plan Modifications to Approved Plans
 Remodel Landscape Remodel
 Other _____

SECTION I – PROJECT INFORMATION

A. PROJECT DESCRIPTION: (Please indicate the details of the proposed project)

B. LOCATION OF PROJECT:

Legal Description: Filing _____ Lot _____
Other _____

Street Address: _____

C. NAME OF APPLICANT: _____

Company: _____

Mailing Address: _____

Telephone: _____

Email: _____

D. NAME OF OWNER(S): _____

Mailing Address: _____

Telephone: _____

Email: _____

E. NAME OF ARCHITECT/CONTRACTOR: _____

Mailing Address: _____

Telephone: _____

Email: _____

As an authorized representative of the Owner, I have read and will comply with the Arrowhead Mountain Design Guidelines.

Signature and Printed Name of Signatory

Date

Incomplete submittals will not be accepted. Fees must be paid at the time of application submittal. In the interest of neighborliness, we request Owners review all applications with adjacent neighbors.

SECTION II – PROJECT DATA

A. **Total Lot Acreage:** _____

B. **Maximum Allowable Building Height:** _____

C. **Maximum Allowable Gross Floor Area:** _____

D. **Gross Floor Area**

	Existing	Proposed
Main Level		
Second Level		
Upper Level		
Basement		
Total		
Garage		

E. **Project Data**

	Existing	Proposed
Number of Bedrooms		
Number of Covered Parking Spaces		
Number of Uncovered Parking Spaces		
Number of Bathrooms		
Number of Fireplaces		

F. **Maximum Slope of Driveway** _____%

First 20 feet of driveway is _____% slope

Last 20 feet of driveway is _____% slope

G. **Building Height Calculation:** _____ feet

(Submit drawing of building height calculations drawn over building elevations.)

SECTION III – LIST OF MATERIALS

A.	Building Materials:	Type of Material	Manufacturer, Color, Specification, etc.
	Roof	_____	_____
	Primary Wall Material	_____	_____
	Other Wall Material	_____	_____
	Fascia	_____	_____
	Soffits	_____	_____
	Windows	_____	_____
	Window Trim	_____	_____
	Exterior Doors	_____	_____
	Garage Doors	_____	_____
	Door Trim	_____	_____
	Hand or Deck Rails	_____	_____
	Flues, Caps	_____	_____
	Flashings	_____	_____
	Chimney Enclosures	_____	_____
	Trash Enclosures	_____	_____
	Snow Fence/Gutters	_____	_____
	Exterior Light Fixtures	_____	_____

(attach a cut-sheet indicating the size, type of glass lens, and wattage)

SECTION IV – LANDSCAPE PLAN

	Botanical Name	Common Name	Quantity	Size
A. Proposed Trees				
B. Existing Trees to be removed				
C. Proposed Shrubs				
D. Ground Cover				
E. Sod				
F. Seed				

Please attach additional sheets if necessary.

SECTION IV – LANDSCAPE PLAN (continued)

G. Type of Edging

H. Type of Irrigation

Proposed area of landscape irrigation: _____ square feet.

I. Other Landscape Features (retaining walls, fences, water features, etc.)

Please specify height, material, and colors if applicable.

J. Paving Materials (driveway, walkway, patios, etc.)

K. Site Lighting/Pathway Lighting (locate lighting locations on the plans and submit cut-sheets)

L. Miscellaneous

ARROWHEAD MOUNTAIN ESTATES NON-REFUNDABLE FEE CALCULATION WORKSHEET

(Must be completed and submitted with check. Make checks payable to Arrowhead at Vail Association.)

New Construction

<u>Sq. Ft. of Gross Floor Area</u>	<u>Fee</u>	<u>Check Amount</u>
0 – 5,000	\$5,000	
5,001 – 7,500	\$6,000	
7,501 – 10,000	\$7,000	
10,001 – 15,000	\$8,000	
15,001 – 25,000	\$9,000	
25,001 and above	\$12,000	\$ _____

Remodel Projects Over \$200,000

For Remodel Projects over \$200,000 and adding habitable space, please circle Square Feet of Gross Floor Area on schedule above and indicate fee: \$ _____

If no habitable space is added, the fee will be the greater of 2% of project cost or \$7,500. Attach a copy of the bid sheet or indicate estimated cost below with your initials.
 \$ _____ x .02 or \$ _____ (Cost) _____ (Initials) \$ _____

Remodel Projects Under \$200,000

The greater of 2% of project cost or \$400.
 Attach a copy of the bid sheet or indicate estimated cost below with your initials .
 \$ _____ x .02 or \$ _____ (Cost) _____ (Initials) \$ _____

Landscape Remodel Projects Under \$200,000

The greater of 2% of project cost or \$400.
 Attach a copy of the bid sheet or indicate estimated cost below with your initials .
 \$ _____ x .02 or \$ _____ (Cost) _____ (Initials) \$ _____

Miscellaneous

<u>Miscellaneous</u>	<u>Fee</u>	
Minor Projects/Improvements Under \$5,000	\$100	\$ _____
Attach a copy of the bid sheet or indicate estimated cost below with your initials		
\$ _____ (Cost)	_____ (Initials)	

Roof Replacement (no other exterior changes)	\$400	\$ _____
Modifications to Approved Plans	\$250	\$ _____
Building Envelope Amendment	\$500	\$ _____
Homesite Amendment	\$1,000	\$ _____
Appeal of DRC Ruling	\$250	\$ _____
Satellite Dish & Sculptures	\$50	\$ _____

Maintenance/Repair Projects No Charge (Attach copy of bid sheet/scope of work)
 Interior Remodels-no exterior design changes Based on Scope of Work (Attach copy of bid sheet/scope of work)

_____ (Print Name) _____ (Authorized Signature of Applicant)