COLORADO'S TIMBER RIDGE PROPERTY IMPROVEMENT APPLICATION

(NOTE: Permits Are Valid for 12 Months from the date of issue)

Property Address:_____Phase #:_____Lot #:

Owner / Applicant(s):

Phone:_____ Mailing Address:

City, State, ZIP: _____Email:

Designated Agent / Contractor (if other than applicant):

Name:_____ Company_____

Phone:_____ Address:

City, State, ZIP: _____Email:

SITE IMPROVEMENT: *Please check each box that pertains to this application*

☐ Grading ☐ Fence ☐ Driveway ☐ Tree Removal ☐ Drainage

☐ Dog Run ☐ Landscape ☐ Color Change ☐ Fire mitigation ☐ Construction

☐ Propane Tank Fence ☐ Other

Description:_____

_____

_____

_____

_____

Project Start Date:_____ Expected Completion Date: _____

Owner Signature: _____ **Date:**

Contractor Signature: _____ **Date:**

Review Committee Authorization

Date Application Received: _____ ☐ Site Visit Required Date of Visit: _____

☐ Approved ☐ Not Approved Date: _____

Comments:_____

_____

_____

Approved by:

Ron Christensen _____

Sam Dole _____

Jim Smith _____

Lynn Jones _____

Mark Sheldon _____

Permit No. _____

Revised: 8/4/2026