

KEN-CARYL RANCH MASTER ASSOCIATION ARCHITECTURAL  
**SIDING REPLACEMENT REQUEST FORM**

Please submit to: Attention: Architectural Committee  
Ken-Caryl Ranch Master Association  
7676 South Continental Divide Road  
Littleton, Colorado 80127  
Phone 303-979-1876; Fax 303-972-1272

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE (H) \_\_\_\_\_  
SUBDEVELOPMENT \_\_\_\_\_ (W) \_\_\_\_\_  
PROPOSED Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

***Access through Open Space to private property is prohibited. Exception can only be granted by the Open Space Committee. This process may take up to 60 days. As part of the review, the Rangers may complete a property boundary line assessment.***

Please indicate areas where new siding will be installed:

	Yes	No	Color
Field:	___	___	_____
Trim:	___	___	_____
Facia:	___	___	_____
Accent:	___	___	_____
Corners:	___	___	_____

Please indicate brand and style of siding: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_  
Samples and photographs must be attached to this submittal for verification of color, texture and style.

PLEASE NOTE: It is YOUR responsibility to comply with Master Association documents. DO NOT START WORK PRIOR TO RECEIVING FULL APPROVAL. Please allow the Committee **ONE MONTH** to review. You will receive a written response to your submittal. **This submittal is good for one year from date of approval.**  
I understand and will comply with the above conditions.

Homeowners Signature \_\_\_\_\_ Date \_\_\_\_\_

ACTION BY MASTER ASSOCIATION ARCHITECTURAL COMMITTEE:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Subject to the following: \_\_\_\_\_  
\_\_\_\_\_

Architectural Committee Consultant \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: \_\_\_\_\_  
\_\_\_\_\_