

NEW HOME/PROJECT APPLICATION

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: DAY _____ EVENING _____

EMAIL (optional): _____

REQUIRED ATTACHMENTS FOR:

A. New homes:

- ✓ ✓ Architectural elevations (all sides) from the builder
- ✓ ✓ Plat map depicting proposed home and driveway location and orientation (to scale)

B. Modifications and/or additions to existing homes and/or property

- ✓ ✓ Blueprints, product brochures, or scaled drawing(s)
- ✓ ✓ Plat map depicting project location and orientation (drawn roughly to scale)

DESCRIPTION OF PROJECT: _____

DOES THE PROJECT COLOR SCHEME MATCH THE HOME? YES / NO (if applicable)

COLOR SCHEME OF PROJECT – COMPLETE ALL ITEMS THAT APPLY:

SHUTTERS: _____ BRICK: _____

TRIM: _____ DOORS: _____

SIDING: _____ ROOF: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO FILE AN AMENDED OR SUPPLEMENTAL APPLICATION IN THE EVENT OF ANY CHANGE, ADDITION OR DELETION TO THE APPROVED PROJECT.

APPLICANT'S SIGNATURE _____ DATE _____

NOTES:

- 1. Approval of a project by the Architectural Committee does not relieve the applicant from acquiring the appropriate building permits from the Town of LaPlata.*
- 2. The grace period for approved projects is one (1) year, and once exceeded, the application must be resubmitted.*
- 3. All applicants are strongly encouraged to discuss proposed projects with their neighbors. We have found that discussing a proposed project with neighbors helps to visualize the project from several viewpoints, and should this process reveal objectionable consequences unforeseen by the applicant, then appropriate adjustments may be made prior to formal submission of the application. This type of "Good Neighbor" initiative may be summarized in the project description or as an attachment to this application.*

APPLICATION DISPOSITION

(To be completed by the Architectural Committee Chairperson)

Date Application Received: _____

<input type="checkbox"/> APPROVED: _____ DATE: _____ CHAIRPERSON SIGNATURE
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<input type="checkbox"/> DISAPPROVED: _____ DATE: _____ CHAIRPERSON SIGNATURE
RATIONALE AND RECOMMENDED CHANGES: _____ _____ _____ _____ _____ _____