

ARCHITECTURAL REVIEW COMMITTEE SUBMITTAL FORM

Date: _____

1. Owner's Name: _____ Lot #: _____
Address: _____ Phone: _____
2. Contractor Name, Address and Phone, if applicable: _____

License #: _____
3. Description of work to be done: _____

Date work is to begin: _____ Estimated completion date: _____
4. Type of materials to be used: _____

5. Color(s) to be used: _____
6. Other information: _____

An accurate drawing must be attached using your lot dimensions showing the location of the proposed structure. For room additions, or anything that must tie into the roof line, an elevation of the proposed structure must also be attached. All work must be completed in a timely manner.

Architectural Review Committee requests will be reviewed as soon as possible. Requests will either be approved, denied, or returned for additional information after review.

If you have any questions, please feel free to call the above listed phone number.

FOR ARC COMMITTEE USE:

ARC Meeting Date: _____ Response Sent to Homeowner: _____

Action taken: _____
