

Attachment 2

RECEIPT AND REVIEW OF APPLICATION CHECKLIST
(Completed by Architectural Review Committee)

Receipt Date: _____

Proposed Start and Completion Date: _____
Start Date Completion Date
(180 Days Max)

REQUIREMENTS:

	YES	NO
NA		
1. PLANS AND SPECIFICATIONS OF IMPROVEMENT	___	___
2. MATERIALS OF IMPROVEMENT	___	___
3. LOCATION OF IMPROVEMENT	___	___
4. EXTERIOR DESIGN OF IMPROVEMENT	___	___
5. COLOR SCHEME	___	___
6. CONFORMITY WITH COMMUNITY	___	___

ARCHITECTURAL FORMS:

1. APPLICATION	___	___
2. PLANS / DRAWINGS	___	___
3. PLAT MAP	___	___
4. COUNTY PERMITS	___	___

STATUS OF SUBMISSION:

- COMPLETE DATE: _____
- INCOMPLETE, RETURNED FOR RESUBMISSION DATE: _____
- DECLINED DATE: _____

DETERMINATION GIVEN TO APPLICANT

DATE: _____

SIGNATURE OF BOARD OF ARCHITECTURAL REVIEW COMMITTEE:

