

Attachment #2

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

Name _____ Address _____

Date Received _____ Received by _____

Proposed Start Date _____ Proposed Completion Date _____
(180 days maximum from start date)

REQUIREMENTS

	YES	NO
1. Plans and Specifications of Improvement	_____	_____
2. Materials of Improvement	_____	_____
3. Location of Improvement	_____	_____
4. Exterior Design of Improvement	_____	_____
5. Color Scheme	_____	_____
6. Conforms with Community Standards	_____	_____

ARCHITECTURAL FORMS

1. Application Attachment #1	_____	_____
2. Plans/Drawings	_____	_____
3. Platt Map	_____	_____
4. Copy of County Permits for final approval	_____	_____

STATUS OF SUBMISSION

1. Application Complete	DATE: _____
2. Application Incomplete	DATE: _____
3. Conditional Approval send copy of permits for final approval	DATE: _____
4. Approved	DATE: _____
5. Declined (See attached)	DATE: _____

ARC REPLY TO APPLICANT

DATE: _____

ARC NOTIFIED OF PROJECT COMPLETION (PENDING)

(For inspection and filing)

DATE: _____

SIGNATURE OF ARCHITECTURAL REVIEW COMMITTEE

Conditional Approval Signature

Final Approval Signature

Date: _____

Date: _____

ITEMS NEEDED FOR FINAL APPROVAL

ARC Committee Signature

DATE:
