



ARCHITECTURAL REVIEW FORM - Pools & Additions

Architectural Review Fee: \$400

Construction Deposit: \$2,500

Owner Information:

Owners Name _____ Lot # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Designer Information:

Architect/Designer's name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____

Builder Information:

Contractor's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____

For Office Use

Review Fee: Amt. _____ Check # _____ Date Received _____

Construction Dep: Amt. _____ Check# _____ Date Received _____

Preliminary Plans Date Rec'd _____ Date Returned _____

Final Plans Date Rec'd _____ Date Returned _____

Inspection Date _____ Inspector _____

Deposit Date Req. _____ Date Returned _____

Date Started _____ Prior damage documented _____