ARCHITECTURAL REVIEW BOARD APPLICATION

Date: _____

Project Address: _____

Project Architect/Engineer: _____

Owner/Builder: _____

Contact Phone No.: _____ Email: _____

Approval Requested: _____Certificate of Appropriateness _____New Single Family House

Color/Materials:

Siding: _____

Roofing: _____

Windows: Color: _____ Type: _____

Trim: _____

Garage Door: _____

Stone/Brick: _____

_____

Signature of Owner

FOR OFFICE USE ONLY:

The Architectural Review Board has reviewed the plans submitted for approval for the project listed above and has determined:

Plan Denied _____

(Date)

Plan Approved _____

(Date)

Subject to the following:

_____

_____

FEE: $100.00