



ARCHITECTURAL REVIEW FORM

Allow up to two weeks for plan review

Owner: _____ **Lot #:** _____

Owner's Email: _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell** _____

Designer:

Architect/Designer's name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Builder Information:

Contractor's Name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home / Lot Information:

Filing # or Village Name _____ **Lot #** _____

Municipal Address (Please call the Clerk of Court at 389-3950) _____

Lot Size _____ **Square Feet** _____ **Acres** _____

Sq. Ft. Living area _____ **Garage Area** _____ **Auxiliary Structure** _____

Total Sq. Ft. _____ **Number of Stories** _____ **Style** _____

For Office Use

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

Street Cleaning Fee: Amt. _____ **Check #** _____ **Date Received** _____

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

Preliminary Plans **Date Rec'd** _____ **Date Returned** _____

Resubmitted **Date Rec'd** _____ **Date Returned** _____

Final Plans **Date Rec'd** _____ **Date Returned** _____

Resubmitted **Date Rec'd** _____ **Date Returned** _____

Exterior Colors **Date Submitted** _____ **Date Called** _____

Landscape Plans **Date Submitted** _____ **Date Called** _____