

SALT POND ARCHITECTURAL REVIEW APPLICATION

DATE: _____

1. Owner's Name: _____
Mailing Address: _____

Phone (day): _____
(evening): _____
(fax): _____
(email): _____

2. Lot Number: _____

3. Builder/Contractor Name: _____
Phone Number: _____
Fax Number: _____
Email: _____

4. Date Building Construction to Begin: _____

5. Date Building Construction to Complete: _____

6. Date Site/Landscaping to Complete: _____

7. Main Roof Pitch: _____ Feet Vertical per 12 Horizontal

8. Square Footage Living Space (Heated Area):
First Floor: _____
Second Floor: _____
Total: _____

9. Materials (including color) to be Used:

	<u>Material</u>	<u>Color</u>
a.	Siding: _____	_____
b.	Roofing: _____	_____
c.	Windows: _____	_____
d.	Trim: _____	_____
e.	Shutter: _____	_____
f.	Railing: _____	_____
g.	Front Door: _____	_____
h.	Garage Door: _____	_____
i.	Front Step: _____	_____
j.	Driveway: _____	_____
k.	Sidewalk: _____	_____
l.	Foundation: _____	_____

10. Provide samples of the following:

Roofing Shingles	Exterior Trim
Exterior Siding	Shutters