



## House Plan Review

Date Plan Received: \_\_\_\_\_ Address: \_\_\_\_\_

Lot Owner: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Sq. Ft House size: \_\_\_\_\_ Sq. Ft.

Architect: \_\_\_\_\_ Fee Status Current: \_\_\_\_\_  In Arrears: \_\_\_\_\_

**SETBACKS**

**INDICATED**

**APPROVED**

Front Set Back 25 ft:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Rear Set Back 20 ft:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
One Story Left Set Back 8ft:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
One Story Right Set Back 8ft:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Two Story Left Set Back 10ft:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Two Story Right Set Back 10ft:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Pool Set-back 5ft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Pool Guest/Equipment House Set-back 8ft:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Generator Set-back 5ft:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**ROOF (Minimum 6:12)**

**INDICATED**

**APPROVED**

Roof Pitch: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Roofing Material: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**APPEARANCE**

**INDICATED**

**APPROVED**

Exterior Finish: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Main Color: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
House Trim Color: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Other Color(s): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Swatch attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Window Shutters: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Shutters Color(s): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Window Type: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Landscaping Plan/Schedule:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**BOUNDARY WALLS**

**INDICATED**

**APPROVED**

Rear Wall Maximum 6 Feet High:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Side & Front Walls Maximum 4 Feet High:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Side & Front Walls Material/Finish: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>



**OVERALL BUILDING HEIGHT**

**INDICATED**

**APPROVED**

Maximum 40 Feet high from existing grade:

Yes  No  N/A

Yes  No  N/A

**OTHER**

**INDICATED**

**APPROVED**

Garbage Enclosure

Yes  No  N/A

Yes  No  N/A

Generator

Yes  No  N/A

Yes  No  N/A

Generator enclosure

Yes  No  N/A

Yes  No  N/A

Solar Panel

Yes  No  N/A

Yes  No  N/A

Wells

Yes  No  N/A

Yes  No  N/A

Water tanks (submerged/other)

Yes  No  N/A

Yes  No  N/A

**Committee Additional Notes:**

**Approved Notes:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Not Approved Notes:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**OFFICE STAFF**

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

- Forwarded to Architectural Committee for approval on \_\_\_\_\_
- Returned to Lot Owner from office staff for changes on \_\_\_\_\_ (date) for these corrected items:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARCHITECTURAL COMMITTEE**

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Plan Approved: Yes  No

Date Approved: \_\_\_\_\_