

ARCHITECTURAL REVIEW REQUEST

Name: _____ **Village:** _____

Address: _____

Phone #: _____ **Email:** _____

Property Owner: _____

Project Description: _____

Date Request Received: _____

Plans/Specs: Yes _____ No _____ Not Required _____

Estimated Cost (optional) _____

Committee Review Date: _____

Committee Approval: Approved _____ Disapproved _____

* Project must start within 30 days after Committee approval - If not, applicant must submit a new request

First Construction Inspection Remarks: _____

Final Inspection Remaks: _____

Approved: _____

Disapproved: _____