ANDREWS PLACE – PLAN REVIEW

OWNER CONTACT INFORMATION

Lot #/Street Address: _/_____

Person to contact for review: _____

Contact Phone:_____Other Phone: _____

Lot Owner (if different from above) _____

Owner's mailing address: _____

City/State/Zip: _____

Owner Phone:_____Other Phone: _____

PLAN CONTACTS

Architect:_____

Primary Phone:_____Other Phone: _____

Engineer:_____

Primary Phone:_____Other Phone: _____

General Contractor: _____

ARCHITECTURAL CONTROL COMMITTEE NOTES

_____

_____

_____

_____

_____

_____

OFFICE USE ONLY

Date Received

_____

Received items:

Plan Review Fee:
Yes____No____N/A ____

One copy of completed plans & specifications: Yes____No _____N/A ___

One copy of landscape plans: Yes____No____N/A ____

Other items submitted:

_____

_____

_____

Review Status:

Approved on: _____

Disapproved on: _____

Return Notes: _____

_____

_____

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