Print Form

PLANNING DIVISION

Community Development Department

SINGLE-FAMILY RESIDENTIAL DESIGN REVIEW PROCESS GUIDE

Architectural Design Review Process

The Single-Family Residential Design Review Guidelines apply to all new single-family residential developments in excess of 20 lots. These Guidelines are intended to achieve an architecturally & aesthetically diverse community.

September 2009

SIGNLE-FAMILY RESIDENTIAL DESIGN REVIEW APPLICATION CHECKLIST

APPLICATION #_____ACCEPTED BY_____DATE_____

_____APPLICATION (Included)

_____APPLICANT CONTACT FORM (Included)

_____REVIEW FEE

_____PROJECT NARRATIVE (Written explanation of how architectural design requirements have been met) **(2 copies)**

_____FLOOR PLAN & COLOR ELEVATIONS (for each plan offered) **(2 copies)**

_____COLOR RENDERINGS AND MATERIALS PALETTE (Include color samples for all color schemes offered; Include roof tiles, brick accents, stone veneer, etc.) (*Picture samples are required - actual materials will not be accepted*) **(2 copies)**

_____Facade Articulation Exhibit (Illustrating a "staggered" street profile; refer to section 20-78-3.II.C.1 of the Design Review Manual) **(2 copies)**

PLANNING DIVISION
Community Development Department

SINGLE-FAMILY RESIDENTIAL DESIGN REVIEW

APPLICATION #_____ SUBMITTAL DATE_____ FEES_____ ACCEPTED BY_____

PARCEL NUMBER(S)	**EXISTING ZONING**	
GROSS AREA (ACRE/SQ. FT.)	**NET AREA (ACRE/SQ. FT.)**	
DEVELOPMENT/PROJECT NAME		
ADDRESS/LOCATION		
REFERENCE CASES (LIST ALL PREVIOUS PLANNING CASES)		
PROPERTY OWNER		
ADDRESS		
CITY	**STATE**	**ZIP CODE**
PHONE NUMBER	**FAX NUMBER**	
CONTACT PERSON	**EMAIL**	
APPLICANT		
ADDRESS		
CITY	**STATE**	**ZIP CODE**
PHONE NUMBER	**FAX NUMBER**	
CONTACT PERSON	**EMAIL**	
ARCHITECT/ENGINEER		
ADDRESS		
CITY	**STATE**	**ZIP CODE**
REGISTRATION NUMBER		
PHONE NUMBER	**FAX NUMBER**	
CONTACT PERSON	**EMAIL**	
OWNER'S SIGNATURE		**DATE**

APPLICATION CONTACT

I hereby request that all verbal and written communication regarding the attached application be provided to:

_____

_____

_____

TELEPHONE _____

FAX NUMBER _____

E-MAIL _____

Additionally, I understand that it is the above listed person's responsibility to communicate any verbal or written communications on said application to other members of the development team, including, but not limited to application comments, staff reports, action letters, meeting times, etc.

_____ _____

Applicant's Signature Date