

ARCHITECTURAL DESIGN REVIEW BOARD
FOR
WaterColor

Design Review Application Form/New Construction/Modifications

DATE: _____

**LOT OWNER
OF RECORD**

Name

Street

City State Zip Code

Telephone Fax

Email

**BUILDER/
CONTRACTOR**

Name

Street

City State Zip Code

Telephone FL License Number

Fax Email

**RESIDENTIAL
ARCHITECT**

Name

Street

City State Zip Code

Telephone FL License Number

Fax Email

**LANDSCAPE
ARCHITECT**

Name

Street

City State Zip Code

Telephone FL License Number

Fax Email

DISTRICT _____ LOT NUMBER _____

911 ADDRESS _____

DESIGN REVIEW FEE _____

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Design Review Application Form/New Construction - Page Two

Impervious Lot Coverage within the Setback Area	_____	%
Air Conditioned Space (First Floor)	_____	sq. ft.
Air Conditioned Space (Second Floor)	_____	sq. ft.
Air Conditioned Space (Above Second Floor)	_____	sq. ft.
Air Conditioned Space (Tower)	_____	sq. ft.
TOTAL NET SQ. FT.	_____	sq. ft.
Covered Porches, Entries, etc.	_____	sq. ft.
Garage	_____	sq. ft.
Other: _____	_____	sq. ft.
TOTAL GROSS SQ. FT.	_____	sq. ft.

GENERAL INFORMATION

Lot Dimensions: _____

Lot Sq. Ft. _____

Stories: _____

Bedrooms _____

Baths: _____

% of Area Within Setbacks Vertically Developed _____ %

LIST ALL VARIANCE REQUESTS:

ARCHITECTURAL DESIGN REVIEW BOARD
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DISTRICT _____ LOT NUMBER _____

Design Review Application Form/New Construction – Page Three

Date _____

<u>Exterior Features</u>	<u>Color/Finish</u>	<u>Description</u>
Driveway	_____	_____
Entry Walk	_____	_____
Siding	_____	_____
Trim	_____	_____
Shutters	_____	_____
Windows	_____	_____
Columns	_____	_____
Entry Door	_____	_____
Garage Door	_____	_____
Other Doors	_____	_____
Roofing	_____	_____
Fascia	_____	_____
Soffit	_____	_____
Gutters	_____	_____
Chimney	_____	_____
Screening	_____	_____
Walls	_____	_____

The preceding application is submitted for review in accordance with the appropriate Design Guidelines. Required design documents are attached.

SUBMITTED BY:

Name/Title

Firm

DISTRICT _____ LOT NUMBER _____

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Design Review Application Form/New Construction – Page Four

Date _____

COLOR SHEET

(Attach color samples)

TRIM

#

Name

BODY

#

Name

ACCENT

#

Name

DOORS & WINDOWS

#

Name

DISTRICT _____ LOT NUMBER _____