



Architectural Design Review Request Form

Name _____

Street Address _____

City, State, Zip _____

Phone number(s) _____

(Where you can be reached during the day)

E-mail address _____

Scope of Work:

FOR OFFICE USE ONLY

Date Received by Property Management _____

Date forwarded to A R C Chair _____

Date determination to applicant _____

Action required:

- No design review necessary.
- Design review **required**, applicant needs to submit further information.