

Sketch Design Review Application

Property Information:

Street Address: _____

Lot _____ Block _____ Phase _____

Owner Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Architect Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Builder Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Landscape Designer Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Information:

1. Are any variances from The Lakes at Valley West Design Manual being requested under this application?

- Yes
- No

If yes, please describe the variance:

2. Items submitted (please check):

- Review Fee
- Site Plan
- Floor Plans
- Roof Plan
- Elevations
- Landscape Plan
- Digital copy (PDF) of all of the above

Acknowledgement Statement:

The Lot Owner acknowledges that he/she has received, read and will abide by the Design Manual for The Lakes at Valley West.

As stated in the both the Covenants and Design Manual, violations will be remedied by The Lakes at Valley West Homeowners' Association whereupon the Lot Owner will be responsible for the cost of the remedy.

I (We) _____ am/are the owner(s) of record of Lot ____, Block ____, Phase _____ of The Lakes at Valley West. I/We have read these requirements and understand their implications. Furthermore, I (we) have been given sufficient opportunity to discuss any questions we may have regarding these requirements with a member of The Lakes at Valley West Design Review Panel. My (Our) signature(s) below is/are evidence of my/our intent to comply with these requirements.

Owner Signature: _____ Date: _____

Printed Name: _____

Applicant Signature: _____ Date: _____

Printed Name: _____

Construction Design Review Application

Property Information:

Street Address: _____

Lot _____ Block _____ Phase _____

Owner Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Architect Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Builder Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Landscape Designer Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Information:

1. Are any variances from the The Lakes at Valley West Design Manual being requested under this application?

- Yes
- No

If yes, please describe the variance:

2. Items submitted (please check):

- Site/Grading Plan
- Floor Plans
- Roof Plan
- Elevations & Sections
- Samples & Cut Sheets
- Rendered Elevation
- Landscape Plan
- Digital copy (PDF) of all of the above

Signature: _____ Date: _____

Printed Name: _____

Changes Application

Property Information:

Street Address: _____

Lot _____ Block _____ Phase _____

Owner Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Architect Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Builder Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Landscape Designer Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Information:

1. Has the requested change or modification already been constructed?

- Yes
- No

If yes, please explain:

2. Change Description and reason for change:

(Attach specific drawings of proposed change)

3. Items submitted (please check):

- Review Fee
- Plans/Elevation
- Details/ Samples
- Digital copy (PDF) of all of the above

Signature: _____ Date: _____

Printed Name: _____

Inspection Application

Property Information:

Street Address: _____

Lot _____ Block _____ Phase _____

Owner Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Architect Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Builder Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Landscape Designer Information:

Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____

Certification:

I do hereby certify that the contracted structure on said lot conforms to the codes and the construction documents as approved by The Lakes at Valley West DRP. All site work, landscaping, cleaning, removal of temporary utilities, and repair of damage to rights-of-way and/or common areas have been implemented.

Signature: _____ Date: _____

Printed Name: _____

For DRP use only:

Date of inspection: _____

- Approved as noted in letter
- Denied as noted in letter

DRP Signature: _____

If denied, subsequent inspection date: _____

- Approved as noted in letter
- Denied as noted in letter

DRP Signature: _____