DEVANU PARK **FORM "A"**

REQUEST FOR CONCEPTUAL REVIEW

LOT #: _____ **DP STREET ADDRESS:** _____ **Date:** _____

LOT OWNER _____ PHONE _____
ADDRESS _____ CELL _____
CITY _____ STATE _____ ZIP _____ FAX _____
EMAIL _____

REQUIRED FOR CONCEPTUAL REVIEW:

____ CONCEPTUAL PLANS (usually available from architect without ordering working plans)
____ FLOOR PLAN **____ ALL ELEVATIONS OF HOUSE INCLUDING GARAGE**
____ SKETCH OF PROPOSED PLACEMENT OF HOUSE ON LOT WITH ALL LOT AND FOUNDATION DIMENSIONS (Be sure to take into consideration all required setbacks on front, sides and rear).
____ SHOW LOCATION OF EXISTING TREES CURRENTLY ON LOT AND MARK THOSE PROPOSED FOR REMOVAL.

OPTIONAL ITEMS AND/OR QUESTIONS: (SUCH AS)

____ PHOTO OF LOT
____ MISC. INFO/QUESTIONS (Remember, the purpose of this submission is to save you the work of choosing a house that would otherwise be determined not to meet the acceptable style or building criteria. (BE AS COMPLETE AS YOU CAN HELPING US TO SAVE YOU POTENTIAL TIME AND MONEY).

_____
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_____

SUBMITTED BY: _____

SIGNATURE: _____

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DP USE ONLY:
DATE RECEIVED: _____ DECISION DATE: _____