

LANSING ISLAND SINGLE FAMILY LOT
DESIGN REVIEW APPLICATION

(TYPE OR PRINT NEATLY)

TO: CHAIRMAN, ARCHITECTURAL REVIEW BOARD

BUILDER: _____ (PHONE) _____

BUYER: _____ (PHONE) _____

LOT: _____ DATE: _____

1. THIS APPLICATION IS BEING SUBMITTED FOR (CHECK ONE)
- A. Preliminary Review _____
- B. Final Architectural Plan Review _____
- C. Review of additional IMPROVEMENTS or change to existing IMPROVEMENTS _____
2. IS ELEVATION STYLE SIMILAR TO ANY OTHER LOT? YES / NO
- If yes, which one? _____
3. LIVING AREA:
- Air Conditioned Space (1st floor) _____ S.F.
- Air Conditioned Space (2nd floor) _____ S.F.
- Air Conditioned Space (3rd floor) _____ S.F.
- TOTAL LIVING SQUARE FEET _____ S.F.
4. OTHER AREAS:
- Covered Porches/Entries, Etc. _____ S.F.
- Garage _____ S.F.
- Other: _____ S.F.
- TOTAL SQUARE FEET OF HOUSE _____ S.F.
5. A. Total Impervious Area (from plot plan) _____ (A)
- B. Total LOT square footage (from survey) _____ (B)
- GREEN SPACE RATIO ((A-B)/B)
(Must be equal to or greater than 60%) _____ %

GENERAL INFORMATION:

1. LOT DIMENSIONS: (WIDTH X DEPTH) _____
2. HOUSE: Bedrooms: _____ Baths: _____ Stories: _____ Type of Construction _____
Exterior Finish: _____
Roof Installation: R- _____ Wall Insulation R- _____
Ceiling Heights: 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____
Roof Pitch: _____ Finish: _____
Pool: _____ (size) Spa: _____ (size) AMENITIES: _____

3. SIDEWALKS AND LANDSCAPE BASEMENT COMPLETED Yes _____ / No _____
Total Construction Cost: (home) \$ _____
Landscaping Requirement (minimum of \$15,000 excluding sod & irrigation) \$ _____
4. PROJECTED START DATE: _____ PROJECTED FINISH DATE: _____
5. VARIATIONS REQUESTED: YES _____ / NO _____ If yes, attach explanation in letter form
6. ACCESSORY STRUCTURES (EXPLAIN/DETAIL): _____

7. MAJOR GAS APPLIANCES USED (CHECK THOSE USED):
Central Heat and Air _____ Water Heater: _____ Range _____ Dryer: _____ Others: _____
8. MAILBOX DESIGN USED: (Indicate Exhibit number of "new"): _____