

CLV PLANS CHECK LIST

Lot # _____
911 Address _____
Contractor: _____ **Phone #** _____
Member: _____ **Phone #** _____

- Date plans are submitted _____/_____/_____
 Date plans are ready for Board approval _____/_____/_____
 30-day deadline date _____/_____/_____

Construction Type

- New Home Construction Home Addition Building (Shed)
 Fencing Pool Boat Dock Deck Garage Addition Other (Describe)

Description of Project

Driveway Concrete Asphalt Other_

Roof

- Shingle - Color** _____ **Metal - Color** _____
 Other - Color _____ Description _____

Water / Drainage Plan Enclosed

- Yes
 Not applicable (My plans will not affect property drainage in any way)

Foundation

- Concrete / Slab
 None (Free standing building)
 Other (Describe) _____

Siding

- % Breakdown if more than one: % **Brick & Color** ____/____ % **Vinyl & Color** ____/____
% **Stucco and Color** ____/____
 Not applicable (My plans will not require any siding)

Square Footage

_____ Total square footage
_____ 1st story | _____ 2nd story | _____ Basement _____ Garage

Variance(s)

Estimated Cost of Project _____

1. _____
2. _____

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