

Las Ventanas SCHEMATIC REVIEW APPLICATION

Phase: _____ Lot: _____ Date Submitted: _____

OWNER

OWNER:
ADDRESS: _____

TELEPHONE: _____
FAX: _____
CELL: _____

ARCHITECT

ARCHITECT/DESIGNER: _____
ADDRESS: _____

TELEPHONE: _____
FAX: _____
CELL: _____

LANDSCAPE

LANDSCAPE ARCHITECT (IF SELECTED): _____
ADDRESS: _____

TELEPHONE: _____
FAX: _____
CELL: _____

BUILDER

BUILDER (IF SELECTED): _____
ADDRESS: _____

TELEPHONE: _____
FAX: _____
CELL: _____

☛ TWO SETS OF SITE PLANS, FLOOR PLANS AND ELEVATIONS ARE TO BE SUBMITTED.

☛ PLEASE INCLUDE ARCHITECTURAL REVIEW FEE WITH SUBMISSION OF SKETCH REVIEW APPLICATION
[CHECK PAYABLE TO: _____]

APPLICANT SIGNATURE