

EXHIBIT A
APPLICATION FOR NEW HOUSE
Seabrook Point Architectural Control Committee

Date: _____

PLEASE PRINT

Owner:

Name(s): _____

Mailing Address: _____

Street or P.O. Box

Mailing Address Line 2: _____

City

State Zip

Telephone: home (____) _____ work (____) _____

Email Address: _____

Location: Lot Number _____

Builder/Contractor:

Name: _____

Mailing Address: _____

Street or P.O. Box

Mailing Address Line 2: _____

City

State Zip

Telephone: home (____) _____ work (____) _____

Email Address: _____

License Number: _____ (Attach Copy)

Continued . . .

Exhibit A Continued

CHECKLIST OF NECESSARY ITEMS TO BE SUBMITTED WITH APPLICATION

Two (2) complete set of plans ____

Two (2) sets of site plans ____

A landscape plan ____

Material Samples ____

Review Fee ____

Refundable Fee ____

I HAVE READ THE ACC GUIDELINES AND AGREE TO COMPLY WITH ALL OF ITS REQUIREMENTS AND STANDARDS

Applicant's Signature

_____/_____/_____
Date

Applicant's Signature

_____/_____/_____
Date