



Specifications List Architectural Review Board (Checklist Item No. 8)

Lot # _____ Street Name: _____

Owner's Name: _____

Builder's Name: _____

| | Material | Color |
|------------------|----------|-------|
| ☆ Foundation | | |
| Retaining Wall | | |
| ☆ Siding | | |
| Brick | | |
| Stucco | | |
| Composition | | |
| ☆ Trim | | |
| ☆ Fascia | | |
| ☆ Exterior Paint | | |
| ☆ Roofing | | |
| Doors | | |
| Front | | |
| Other | | |
| Garage | | |

☆ *Provide material samples and/or color chips*

Additional Items: _____

Owner _____ Builder _____

Owner _____ Date _____

Date _____