

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

Lot #: _____ Street Address: _____

Owner's Name: _____

Builder's Name: _____

Item	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: _____