

SKYBREAK

Concept Plan Review Submittal

Submittal Date _____

Submitted By: _____

Phone _____ Email _____

Subject Property Address _____

Legal Description: Lot _____ Block _____

Please identify the Elevation Style from the Skybreak Design Requirements you are following

Please include the following (may be a professional hand sketch to scale or pictures):

____ Concept Elevation

____ Concept Floorplan

Submitter's Signature _____

Architectural Review Committee's Notes:

****THIS IS CONCEPT PLAN APPROVAL ONLY – PRELIMINARY & FINAL DESIGN REVIEW**

APPROVAL STILL REQUIRED**

____ Approved

____ Approved With Notes

____ Denied

Reviewer's Signature _____ Date _____