Port Royal Landing Design Review Committee Request for Review

Name(s):		Address:		
Phone:		E-mail:		
Description of Project	(attach drawings, color san	nples etc.):		
D. 1. 111. 1			F. c 16 : 1	
Date submitted	Estimated start of	date	Estimated finish (date
to find out.] If so, pro	ect require a permit from the vide your permit # here	and dis	splay in your front wind	dow when work begins.
	nbors: <u>Recognizing that this</u> directs the applicant(s) to d			eighbors listed below.
Name	Address		Signature	<u>Circle one:</u> Yes No
Name	Address			
			, -	ntinue on reverse)
	Approved with \$	-		
DRC Stipulations/Cor	nments:			
Name	S	ignature		DRC Chairman
Name	S	ignature		DRC Member
Name	S	ignature		DRC Member
	the right to appeal a DRC dec licies for Port Royal Landing –		Board of Directors. See	Section VI G of the
owner(s) will contact DF	is valid for 30 days from the es RC for an extension. Owner(s) r scope of project, for further re	will notify the DRC		
	will review the project during co ferred to the PRLOA Board for		on completion. Deviations	s that do not have prior
Owner Signature(s)				Date