

**NEWHAVEN
Concept Architectural Review Application**

Form A

Lot:
Street Address:

Date:

Builder:
Address:

Architect:
Address:

Phone:

Fax:

Phone:

Fax:

Buyer (if presale):
Address:

Landscape Architect:
Address:

Phone:

Fax:

Phone:

Fax:

1. Are there any variances from the Newhaven Architectural Guidelines being requested under this application?

Yes No

If Yes, please attach description of variance request and reason.

2. Include the following (to remain on file with the ARC):
 Concept Exterior Elevation (may be sketch, photograph or picture)
 Concept Floor Plan
 Concept Exterior Materials (including manufacturer name/color)
 Other information/drawings that may be helpful to the ARC

3. Submit completed application to:

Newhaven Architectural Review Committee
c/o Barnett Land Company
P.O. Box 2628
Peachtree City, GA 30269

FOR REVIEW COMMITTEE USE ONLY

File Number: _____ Date Received: _____ Due Out: _____

Concept Review Action:

Approved: _____ Approved with Conditions: _____
(see attached)

Denied: _____