

CONCEPT APPLICATION FOR HOME MODIFICATION  
LAUREATE COURT ARCHITECTURAL REVIEW BOARD

DATE OF APPLICATION: NAME OF APPLICANT(S)/OWNERS: SIGNATURE

OF APPLICANT/OWNER: ADDRESS OF PROJECT/PROPERTY: BRIEF

DESCRIPTION OF PROJECT SCOPE: (attach rough sketch if possible)

INTERIOR MODIFICATIONS (circle one)    Yes    No

EXTERIOR MODIFICATIONS (circle one)    Yes    No

ADDITIONAL LIVING SPACE/SQUARE FEET    Yes    No  
If yes, estimated square feet additional:

BUDGET ESTIMATE OF PROJECT:

DO YOU INTEND TO SEEK ARB APPROVAL FOR THIS MODIFICATION AS A  
CAPITAL IMPROVEMENT? (TO ADD COST OF PROJECT TO VALUE OF YOUR  
HOME.)

Circle one:                                    Yes                                    No

PROJECT TO BE DESIGNED BY (if known at present time):

Licensed professional                    Yes                                    No

Name and Address: