

CONCEPT APPLICATION FOR HOME MODIFICATION  
CARDIFF TERRACE 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: