

WETAPPO CONCEPT REVIEW FORM A

Date:

Owner:

Parcel / Lot Number:

Architect:

Firm:

Address:

Telephone:

Fax:

1. Has the architect visited the site? () Yes () No
2. Two (2) sets of preliminary Sketches are submitted in compliance with the Preliminary Review.
() Site Plan () Floor Plans () Elevations
3. Builder:
(leave blank if not yet selected)
4. Address:
5. Landscape Architect:
(leave blank if not yet selected)
6. Address:
7. Submitted By:
8. Signature: _____